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Fill in this information to identify your c	ase: IN CLERK'S OFFICE
United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA	U.S. BANKRUPTCY COURT NORTHERN DISTRICT OF GEORGIA
Case number (if known):	Chapter you are filing under 2011 JUL 20 PM 4: 05 Chapter 7 Chapter 11 Chapter 12 Chapter 13 BY DEPUTY CLERK amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1:	identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
. Your full t	name		
	name that is on your	Donna	
_	nt-issued picture	First Name	First Name
	on (for example, r's license or	Patricia	
passport).		Middle Name	Middle Name
F F		Smith	
	on to your meeting	Last Name	Last Name
with the tri	ustee	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
All other	names you		
have used years	d in the last 8	First Name	First Name
•	our married or	Middle Name	Middle Name
maiden na	imes.	Last Name	Last Name
Only the I	ast 4 digits of		
-	al Security	$xxx - xx - \underline{3} \underline{6} \underline{1} \underline{0}$	xxx - xx
number o Individual	r federal Taxpayer	OR	OR
Identificat	tion number	9xx - xx	9xx - xx

Debtor 1 Donna Patricia Smi		Donna Patricia Smith		Case number (if known)			
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4.	and Em		I have not used any business names or EINs	s.			
		ation Numbers u have used in 8 years	Business name	Business name			
		rade names and	Business name	Business name			
	doing bu	business as names	Business name	Business name			
			EIN	EIN			
			EIN	<u>ĖIN</u> — — — — — — — — — — — — — — — — — — —			
5.	Where y	où live		If Debtor 2 lives at a different address:			
			5012 Stones Crossing Dr. Number Street	Number Street			
				-			
			Lilburn GA 30047				
			City State ZIP Code Gwinnett	City State ZIP Code			
			County	County			
			If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.			
			P.O. Box 3573				
			Number Street	Number Street			
			P.O. Box	P.O. Box			
			Lifburn GA 30048 City State ZIP Code	City State ZIP Code			
6.		u are choosing	Check one:	Check one:			
	this dist	rict to file for otcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
			I have another reason. Explain. (See 28 U.S.C. § 1408.)	i have another reason. Explain. (See 28 U.S.C. § 1408.)			
Р	art 2:	Tell the Court Abo	ut Your Bankruptcy Case				
7.	Bankru	atcy Code you	Check one: (For a brief description of each, see No for Bankruptcy (Form 2010)). Also, go to the top of	patice Required by 11 U.S.C. § 342(b) for Individuals Filing page 1 and check the appropriate box.			
	are cho	osing to file	Chapter 7				
			Chapter 11	•			
			Chapter 12				
			Chapter 13				

Det	otor 1 <u>Donna Patricia Sm</u>	nith		Case number (if kı	nown)				
8,	How you will pay the fee	cou pay	I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.						
		_	ed to pay the fee in installments. I viduals to Pay Your Filing Fee in Inst	•					
		By I than fee	150% of the official poverty line that	o, waive your fee, and it applies to your family p ption, you must fill out t	may do so only if your income is less size and you are unable to pay the he Application to Have the Chapter 7				
9.	Have you filed for	☑ No							
	bankruptcy within the last 8 years?	☐ Yes							
		— District		When	Case number				
		_		MM / DD /	Case number				
		District		When	Case number				
		District			Case number				
10.	Are any bankruptcy	F∕ No		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	cases pending or being	☐ Yes							
	filed by a spouse who is not filing this case with	Debtor		Del	ationatic to				
	you, or by a business	-							
	partner, or by an affiliate?	District	<u> </u>	When MM/DD/	Case number, if known				
		Debtor		Rel	ationship to you				
		·-							
		•		MM / DD /	Case number, /YYYY if known				
11,	Do you rent your	☑ No.	Go to line 12.						
	residence?	Yes	Has your landlord obtained an evi residence?	ction judgment against	you and do you want to stay in your				
			No. Go to line 12. Yes. Fill out Initial Statement and file it with this bankruptor		gment Against You (Form 101A)				

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Deb	tor 1	Donna Patricia Smi	th			Case number	(if known)		
Ē	art 3:	Report About Ar	ту Вс	usine	sses You Own as a	Sole Proprietor			<u> </u>
12.		ı a sole proprietor ull- or part-time ss?			Go to Part 4. Name and location of b	usiness			
		proprietorship is a s you operate as an			Name of business, if any	-			
	separat	al, and is not a e legal entity such as ration, partnership, or			Number Street		-		
	•	ave more than one prietorship, use a			City		State	ZIP Co	ode
	separat	e sheet and attach it			Check the appropriate	box to describe your busines	s:		
	to this p	etition.			Health Care Busin	ness (as defined in 11 U.S.C.	§ 101(27A))		
						Estate (as defined in 11 U.S.	•))	
						efined in 11 U.S.C. § 101(53A			
					Commodity Broke None of the above	er (as defined in 11 U.S.C. § 1 e	01(6))		
		r 11 of the ptcy Code and a s <i>mall business</i>	can mos	set ap st rece	opropriate deadlines. If y nt balance sheet, statem	the court must know whether you indicate that you are a sm lent of operations, cash-flow so t exist, follow the procedure it	all business d tatement, and	lebtor, you I federal in	must attach your ncome tax return
	debtor	debtor?		No. I am not filing under Chapter 11.					
	-	efinition of small s debtor, see		No.	I am filing under Chapt the Bankruptcy Code.	ter 11, but I am NOT a small b	ousiness debto	or accordii	ng to the definition in
	11 U.S.	C. § 101(51D).		Yes.	I am filing under Chapt Bankruptcy Code.	er 11 and I am a small busine	ess debtor acc	cording to	the definition in the
P	art 4:	Report If You Ov	vn o	r Hav	e Any Hazardous P	Property or Any Proper	ty That Ne	eds Imn	nediate Attentior
14.	Do you	own or have any	M	No					
	alleged immine	y that poses or is to pose a threat of nt and identifiable to public health or		Yes.	What is the hazard?				
	safety?	Or do you own perty that needs attention?			If immediate attention i	is needed, why is it needed?			
	perisha	mple, do you own ble goods, or k that must be fed, or			Where is the property?				
	a buildii repairs'	ng that needs urgent				Number Street			
						Oi.		5	
						City		State	ZIP Code

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Debtor 1 Donna Patricia Smith

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again. About Debtor 1: You must check one:

☑ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

ים	am	not	requir	ed to	rec	eive	а	briefing	about
_	cred	it co	unsel	ing b	eca	use (of:		

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case): You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required t	to	receive	a	briefing	about
credit counseling	be	cause c	f	;	

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Donna Patricia Smith							Case number (if known)				
,P	art 6: Answer These Q	uest	ions f	or R	eporting P	urpos	ses				
16.	What kind of debts do you have?	16a		ncurr No.		dual pi	sumer debts? Consumer de imarily for a personal, family,		re defined in 11 U.S.C. § 101(8) usehold purpose."		
		16b		ey fo	r debts primarily business debts? Business debts are debts that you incurred to obtain or a business or investment or through the operation of the business or investment. Go to line 16c. Go to line 17.						
		16c.	Stat	e the	type of debts y	ou ow	e that are not consumer or bu	sines	s debts.		
17.	Are you filing under Chapter 7?		No.	1 am	not filing unde	r Chap	ter 7. Go to line 18.				
	Do you estimate that after any exempt property is		Yes.						xempt property is excluded and to distribute to unsecured creditors?		
	excluded and administrative expenses			\square	No						
	are paid that funds will be available for distribution to unsecured creditors?			□	Yes						
18.	How many creditors do you estimate that you		1-49				1,000-5,000		25,001-50,000		
	owe?		50-99 100-1 200-9	99			5,001-10,000 10,001-25,000		50,001-100,000 More than 100,000		
19.	How much do you estimate your assets to		\$0-\$5 \$50.0		00,000		\$1,000,001-\$10 million \$10,000,001-\$50 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion		
	be worth?		\$100,	001-\$	500,000 1 million		\$50,000,001-\$100 million \$100,000,001-\$500 million		\$10,000,000,001-\$50 billion More than \$50 billion		
20.	How much do you estimate your liabilities to be?		\$100,	01-\$1 001-\$	00,000 500,000 1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion		

Debtor 1	Donna Patricia Sm	ith	Case number (if known)	Case number (if known)			
Part 7:	Sign Below						
For you		I have examined this petition, and I declarant correct.	are under penalty of perjury that the inform	ation provided is true			
		•	I am aware that I may proceed, if eligible, nderstand the relief available under each				
		- · · · · · · · · · · · · · · · · · · ·	ot pay or agree to pay someone who is not not read the notice required by 11 U.S.C. §				
		I understand making a false statement, of	concealing property, or obtaining money or esuit in fines up to \$250,000, or imprisonnand 3571.	property by fraud in			
		Donna Patricla Smith, Debtor 1	X Signature of Debtor 2				
		Executed on 07/19/2017 MM / DD / YYYY	Executed on MM / DD	O / YYYY			

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Debtor 1 Donna Patricia Smit	h Case number (if known)
For you if you are filing this bankruptcy without an attorney	The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.
If you are represented by an attorney, you do not need to file this page.	To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.
	You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.
	If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.
	Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?
	□ No Yes
	Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?
	□ No ☑ Yes
	Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?
	No Yes. Name of Person Charles M. Langevin, Jr. Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
	By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights on property if I do not properly handle the case.
	Wonna Patricia Smith Debtor 1 Signature of Debtor 2
	Date 07/19/2017 Date

MM / DD / YYYY

Contact phone (404) 200-3180

Email address donitasmith@hotmail.com

Cell phone

MM/DD/YYYY

Contact phone

Email address

Cell phone

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					O		
Fill in this in	formation to ic	lentify your	case:				
Debtor 1	<u>Donna</u>	Patricia Middle Nami		Smith Last Name			
Dahter 2	First Name	Middle Nami	e	Last Name			
Debtor 2 (Spouse, if filing	g) First Name	Middle Name	e	Last Name			
United States B	Sankruptcy Court for	the: NORTHE	RN DIS	TRICT OF G	EORGIA		
Case number					_	☐ Check if	this is an
(if known)						amended	
Official For	m 107						
Statement	of Financial	Affairs for	· Indiv	iduals Fi	ling for Bankrup	tcy	04/16
correct informat your name and o	tion. If more space case number (if kn	is needed, atta own). Answer	ach a sei every qu	parate sheet t estion.	ng together, both are eq o this form. On the top	of any additional pag	
Part 1. G	ive Details Abo	ut Your Mar	ital Sta	tus and Wh	ere You Lived Befo	re	
1. What is you	ır current marital s	tatus?					
☐ Married ☑ Not mar	rried						
ين	last 3 years, have y	ou lived anyw	here oth	er than where	you live now?		
☐ No							
		ou lived in the la			ude where you live now.		-
Debtor 1	l :		Dates lived	Debtor 1 there	Debtor 2:		Dates Debtor 2 lived there
					Same as Debtor 1		Same as Debtor 1
2066 P€	ete Shoals Cir.		From	04/2016			From
Number	Street		т _о –	04/2017	Number Street		— ———————————————————————————————————
 .					-		
<u>Dacula</u>	GA		_		0	State ZIP Code	_
City	Sian	e ZIP Code			City	State ZIP Code	
Debtor 1	l:		Dates lived t	Debtor 1	Debtor 2:		Dates Debtor 2
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Same as Debtor 1		Same as Debtor 1
7964 Ha	armony Lakes Dr		From	2010			From
Number	Street	•	_ To	04/2016	Number Street	 	
				04/2010	→		
Lithonia	a GA		_				_
City	Stat	e ZIP Code			City	State ZIP Code	
(Community Washington ☑ No		<i>territories</i> inclu	ide Arizo	na, California,	ivalent in a community Idaho, Louisiana, Nevada		

Det	otor 1	Donna Patricia Smith		Case nu	mber (if known)	
P	art 2:	Explain the Sources of	Your Income			
4.	Fill in th	u have any income from employ ne total amount of income you rec re filing a joint case and you have	eived from all jobs and all b	usinesses, including par	t-time activities.	calendar years?
	☑ No	s. Fill in the details.				
5.	Include unempl	u receive any other income duri income regardless of whether the oyment; and other public benefit mbling and lottery winnings. If yo 1.	at income is taxable. Exam payments: pensions; rental	ples of other income are income; interest; dividen	alimony, child support; S ds; money collected from	lawsuits; royalties;
	List ead	ch source and the gross income for	rom each source separately	. Do not include income	that you listed in line 4.	
	☐ No ✓ Yes	5. Fill in the details.				
			Debtor 1		Debtor 2	
			Sources of income Describe below.	Gross income from each source (before deductions and exclusions	Sources of income Describe below.	Gross income from each source (before deductions and exclusions
		ry 1 of the current year until u filed for bankruptcy:	Social Security	\$5,400.00		
		calendar year: December 31, 2016)	Social Security Child Support	\$1,800.00 \$2,400.00		
		ndar year before that:	Social Security Child Support	\$10,800.00 \$4,800.00		
Jai	nuary 1 to	December 31, 2015)				

Debtor 1	_	Donna Patricia Smi	iţh			Case number (if know	wn)
Part 3:	3.	List Certain Payi	ments You M	ade Before \	You Filed for Ba	nkruptcy	
	-	r Debtor 1's or Debtö	or 2's debts prim	arily consume	r debts?	<u> </u>	
□ ¹	No.	Neither Debtor 1 no					d in 11 U.S.C. § 101(8) as
	During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?						
	☐ No. Go tó liñe 7.						
		total amour	nt you paid that c	reditor. Do not i	nclude payments for	nore in one or more p domestic support of attorney for this bank	oligations, such as
		* Subject to adjustme	ent on 4/01/19 ar	nd every 3 years	after that for cases	filed on or after the d	late of adjustment.
Ø Y	res.	Debtor 1 or Debtor	2 or both have p	orimarily consu	mer debts.		
_		During the 90 days b	pefore you filed fo	or bánkruptdy, di	id you pay any credit	or a total of \$600 or	more?
		☐ No. Go to line 7.					
			o not include pay	ments for dome its to an attorne	stic support obligations of this bankruptcy	ons, such as child su case.	pport and alimony.
				Dates of payment	Total amount paid	Amount you still owe	Was this payment for
Ally Fina		al		<u>. </u>	\$1,815.00	\$26,014.00	_ Mortgage
PO Box		201		03/2017-0	6/2017		Car
	Stree			_			Credit card
	•						☐ Loan repayment ☐ Suppliers or vendors
Vinneap	alie	MN	55438				
ity	VIII3	State		_			Other
<i>Inside</i> corpo agen	ers in cratic t, inc	nclude your relatives; ons of which you are a	any general parti in officer, director ness you operate	ners; relatives o , person in cont	f any general partner rol, or owner of 20%	rs; partnerships of whor or more of their voting	e who was an insider? nich you are a general partner; ng securities; and any managing s for domestic support obligations
		List all payments to a	n insider.				

Deb	otor 1	Donna Patricia Smith	Case number (if known)
3.	*	1 year before you filed for bankruptcy, did you make any payments or ed an insider?	transfer any property on account of a debt that
	Include	payments on debts guaranteed or cosigned by an insider.	
	M No ☐ Yes	s. List all payments that benefited an insider.	
		•	
įΡ	art 4:	Identify Legal Actions, Repossessions, and Foreclosur	es
).	List all s	1 year before you filed for bankruptcy, were you a party in any lawsulg such matters, including personal injury cases, small claims actions, divorce ations, and contract disputes.	· · · · · · · · · · · · · · · · · · ·
	M No ☐ Yes	s. Fill in the details.	
10.	seized.	I year before you filed for bankruptcy, was any of your property repos or levied? Ill that apply and fill in the details below.	sessed, foreclosed, garnished, attached,
	البتا	Go to line 11. Fill in the information below.	
11.		90 days before you filed for bankruptcy, did any creditor, including a t is from your accounts or refuse to make a payment because you owe	
	Mo No Yes	. Fill in the details.	
2.		l year before you filed for bankruptcy, was any of your property in the rs, a court-appointed receiver, a custodian, or another official?	possession of an assignee for the benefit of
	☑ No ☐ Yes		
Pa	art 5:	List Certain Gifts and Contributions	
3.	Within	2 years before you filed for bankruptcy, did you give any gifts with a to	otal value of more than \$600 per person?
	Mo ☐ Yes	. Fill in the details for each gift.	
14.	Within a to any o	2 years before you filed for bankruptcy, did you give any gifts or contr :harity?	ibutions with a total value of more than \$600
	☑ No ☐ Yes	. Fill in the details for each gift or contribution.	

Debtor 1 Donna Patricia Smith	Case number (if i	known)	
Part 6: List Certain Losses			
15. Within 1 year before you filed for bankrup other disaster, or gambling?	tcy or since you filed for bankruptcy, did you lose an	ything because of th	neft, fire,
✓ No ✓ Yes. Fill in the details.			
Part 7: List Certain Payments or	Fransfers		
anyone you consulted about seeking ban	tcy, did you or anyone else acting on your behalf pay kruptcy or preparing a bankruptcy petition? reparers, or credit counseling agencies for services requi		
CC Advising Person Who Was Paid	Description and value of any property transferred Payment for Credit Counseling Briefing	Date payment or transfer was made	Amount of payment
703 Washington Ave.		07/19/2017	\$9.76
Suite 200			
Bay City MI 48708 City State ZIP Code			
www.ccadvising.com Email or website address			
Person Who Made the Payment, if Not You			
Charles M. Langevin, Jr. Person Who Was Paid	Description and value of any property transferred Payment for Bankrutpcy Petition Preparation	Date payment or transfer was made	Amount of payment
5060 Memorial Drive Number Street		07/19/2017	\$249.00
Stone Mountain GA 30083			
City State ZIP Code www.249bankruptcy.com Email or website address			

Person Who Made the Payment, if Not You

Debtor 1 Donn	a Patricia Smith		Case number (i	f known)	
		nkruptcy, did you or anyone else eal with your creditors or to mak			perty to
		r that you listed on line 16.	· · · · · · · · · · · · · · · · · · ·		
☑ No ☐ Yes. Fill i	n the details.				
		ankruptcy, did you self, trade, or course of your business or finar		roperty to anyone, o	the <u>r</u> than
		sfers made as security (such as g you have already listed on this sta		st or mortgage on your	r property).
☑ No ☐ Yes. Fill i	n the details.				
		pankruptcy, did you transfer any often called asset-protection devic		trust or similar devi	ce of which
⊠ No ∐ Yes. Fill i	n the details.				
Part 8: Lis	t Certain Financial	Accounts, Instruments, Sa	afe Deposit Boxes, a	nd Storage Units	
Include checki houses, pension	-	sferred? ket, or other financial accounts; ce associations, and other financial ir	·	s in banks, credit unio	ns, brokerage
		Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
I nk of America me of Financial Insti			- Observations	07/00/40	(4040.00)
D Box 25118		xxxx	☑ Checking ☑ Savings	07/2016	(\$310.00)
umber Street			☐ Money market ☐ Brokerage		
ampa_	FL 33633		Other		
у	State ZIP Code				
	ave, or did you have w , cash, or other valuabl	ithin 1 year before you filed for I es?	bankruptcy, any safe dep	osit box or other dep	ository
☑ No ☐ Yes. Fill in	n the details				

Del	otor 1	Donna Patricia Smith	Case number (if known)
22.	Ø No	ou stored property in a storage unit or place other than your home wits. Fill in the details.	hin 1 year before you filed for bankruptcy?
P	art 9:	Identify Property You Hold or Control for Someone Els	9
23.	-	hold or control any property that someone else owns? Include any p in trust for someone.	roperty you borrowed from, are storing for,
	☑ No ☐ Yes	s. Fill in the details.	
Ē	art 10:	Give Details About Environmental Information	
-OI	the purp	pose of Part 10, the following definitions apply:	
	hazardo	nental law means any federal, state, or local statute or regulation concus us or toxic substance, wastes, or material into the air, land, soil, surfac g statutes or regulations controlling the cleanup of these substances,	ce water, groundwater, or other medium,
		ins any location, facility, or property as defined under any environment or used to own, operate, or utilize it, including disposal sites.	tal law, whether you now own, operate, or
		us material means anything an environmental law defines as a hazard ce, hazardous material, pollutant, contaminant, or similar item.	ous waste, hazardous substance, toxic
₹eį	port all n	otices, releases, and proceedings that you know about, regardless of	when they occurred.
24.	Has an	y governmental unit notified you that you may be liable or potentially l	iable under or in violation of an environmental
	☑ No □ Yes	s. Fill in the details.	
25.	☑ No	ou notified any governmental unit of any release of hazardous materia Fill in the details.	1?
26.	Have you	ou been a party in any judicial or administrative proceeding under any	environmental law? Include settlements and
	☑ No □ Yes	s. Fill in the details.	

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Debtor 1	Donna Patricia Smith	Ca	ase number (if known)				
Part 11:	Give Details About Yo	ur Business or Connections to Any	Business				
27. Within busine	•	ankruptcy, did you own a business or have a	ny of the following connections to any				
	A member of a limited liability A partner in a partnership An officer, director, or manag	oyed in a trade, profession, or other activity, either company (LLC) or limited liability partnership (thing executive of a corporation be voting or equity securities of a corporation					
	. None of the above applies. O s. Check all that apply above a	o to Part 12. nd fill in the details below for each business.					
Shiloh Ser Business Nam		Describe the nature of the business Intended to start Food and Retail business but was unable to obtain the	Employer Identification number Do not include Social Security number or ITIN.				
	es Crossing Dr.	starting capital.	EIN: 8 1 - 2 6 3 3 1 4 7.				
	eet	Name of accountant or bookkeeper	Dates business existed				
			From <u>n/a</u> To <u>n/a</u>				
Lilburn City	GA 30047 State ZIP Code						
☑ No	ncial institutions, creditors, o s. Fill in the details below.	r other parties.					
that answer property by or both. 18	's are true and correct. Junide	of of Financial Affairs and any attachments, a sixtand that making a false statement, concernively case can result in fines up to \$250 a 3571. X Signature of Debtor 2 Date	aling property, or obtaining money or				
Did you atta	Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?						
☑ No ☐ Yes							
Did you pay	or agree to pay someone wh	o is not an attorney to help you fill out bankr	uptcy forms?				
□ No ☑ Yes. Na	ame of person <u>Charles M. L</u>	angevin, Jr.	Attach the Bankruptcy Petition Preparer's Notice,Declaration, and Signature (Official Form 119).				

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			rage 17 01 71		
Fill in this in	formation to ide	entify your case	and this filing:		
Debtor 1	Donna	Patricia	Smith		
	First Name	Middle Name	Lást Name		
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name		
United States B	ankruptcy Court for t	he: NORTHERN D	ISTRICT OF GEORGIA		
Case number				Chock	id this is as
(if known)				· · · · · · · · · · · · · · · · · · ·	if this is an ed filing
Official Forn	* * *				
Schedule A	/B: Property				12/15
filing together, be sheet to this form	oth are equally respon. On the top of an	ponsible for supply y additional pages,	te as complete and accurate as ing correct information. If more write your name and case numb ng, Land, or Other Real Es	space is needed, attach a s er (if known). Answer eve	separate ry question.
- 					
	or have any legal of to Part 2.	or equitable interest	in any residence, building, land	l, or similar property?	
12.1	here is the property	?			
	•	-	of your entries from Part 1, incli ite that number here		\$0.00
Part 2: De	escribe Your Ve	hicles		•	
you own that some	eone else drives. If		n any vehicles, whether they are also report it on Schedule G: Exec motorcycles		
☐ No ☑ Yes					
3.1.			an interest in the property?	Do not deduct secured claim	•
Make: Model:	Toyota	Check one	e. ir 1 only	amount of any secured clair Creditors Who Have Claims	
Year:	<u>Camry</u> 2016	Debto	r 2 only	Current value of the	Current value of the
Approximate mile		-	or 1 and Debtor 2 only	entire property?	portion you own?
Other information:		At lea	st one of the debtors and another	\$20,325.00	\$20,325.00
2016 Toyota Camiles)	aṃry (approx. 400		k if this is community property nstructions)		
3.2.	:	Who has	an interest in the property?	Do not deduct secured clair	ms or exemptions. Put the
Make:	Ford	Check on		amount of any secured clair Creditors Who Have Claims	
Model:	F-150		r 1 only r 2 only	Current value of the	Current value of the
Year:	2013		r 1 and Debtor 2 only	entire property?	portion you own?
Approximate mile:		At lea	st one of the debtors and another	\$13,750.00	\$13,750.00
Other information:			le if their in a new word to some	-	
2013 Ford F-15 miles)	0 (approx. 11700(k if this is community property nstructions)		

Official Form 106A/B

miles)

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Det	otor 1	Donna Patricia Smith	Case number (if known)	
4.		raft, aircraft, motor homes, ATVs and other recreational vehicles, other ves. Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles		
5.		dollar value of the portion you own for all of your entries from Part 2, in for pages you have attached for Part 2. Write that number here		00
P	art.3.	Describe Your Personal and Household Items		
Do	you own	or have any legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secure claims or exemptions	ed
6.	Example	old goods and furnishings es: Major appliances, furniture, linens, china, kitchenware		
	☐ No ✓ Yes	. Describe Household goods	\$3,000.0)0
7.	Electro Example	nics es: Televisions and radios; audio, video, stereo, and digital equipment; comp music collections; electronic devices including cell phones, cameras, me	· · · · · · · · · · · · · · · · · · ·	
	□ No ✓ Yes	Describe Electronics	\$1,000.C	00
8.		bles of value as: Antiques and figurines; paintings, prints, or other artwork; books, pictures stamp, coin, or baseball card collections; other collections, memorabilia,		
	✓ No Yes	. Describe		
9.		ent for sports and hobbies ss: Sports, photographic, exercise, and other hobby equipment; bicycles, poc canoes and kayaks; carpentry tools; musical instruments	ol tables, golf clubs, skis;	
	☑ No ☐ Yes	. Describe		
10.		s: Pistols, rifles, shotguns, ammunition, and related equipment		
	✓ No Yes	. Describe		
11.	Clothes Example	s: Everyday clothes, fürs, leather coats, designer wear, shoes, accessories		
	☐ No Yes	. Describe Clothing	\$200.0	00
12.	Jeweiry Example	 es: Everyday jewelry, costume jewelry, engagement rings, wedding rings, hei gold, silver 	rloom jewelry, watches, gems,	
	☐ No ☑ Yes	. Describe Jewelry	\$100.0	00_
13.		m animals es: Dogs, cats, birds, horses		
	☑ No ☐ Yes	Describe		

Deb	tor 1	<u>Do</u>	nna Patr	icia Smith		Case number (if known)	
14.	did not	list s. G		ic	items you did not already list, including any	/ health aids you	
15.					entries from Part 3, including any entries for	pages you have	
					ber here		\$4,300.00
Р	art 4:	D	escribe	Your Finan	cial Assets		
Dog	ou own	or I	have any l	legal or equita	ble interest in any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16.			Money you petition	u have in your v	vallet, in your home, in a safe deposit box, and	on hand when you file your	
	✓ No ☐ Yes		,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Cash:	
17.	-	es:	Checking,	houses, and o	er financial accounts; certificates of deposit; shither similar institutions. If you have multiple ac		
	□ No ☑ Yes	.		•••••	Institution name:		
	17	.1.	Checking	g account:	Checking account with Bank of Americ	;a	\$2.00
	17	2.	Checking	g account:	Checking account with Wells Fargo		\$400.00
	17	.3.	Checkin	g account:	Checking account with Navy Federal C	Credit Union	\$100.00
	17	4.	Savings	account:	Savings account with Navy Federal Cr	redit Union	\$5.00
18.	Example No.	es:	Bond fund		aded stocks accounts with brokerage firms, money market and n or issuer name:	ccounts	
19.	•		-		rests in incorporated and unincorporated bu and joint venture	isinesses, including	
	info	rma	ive specifi		entity:	% of ownership:	
20.	Negotia	bie i	instrument	ts include perso	and other negotiable and non-negotiable ins anal checks, cashiers' checks, promissory notes by you cannot transfer to someone by signing or	s, and money orders.	
	info	rma	ive specifi tion about		ame:		
21.	Example	es:			Keogh, 401(k), 403(b), thrift savings accounts, (or other pension or	
			st each t separatel	ly. Type of ac	count: Institution name:		

Official Form 106A/B Schedule A/B: Property page 3

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Deb	tor 1 Donna Patricia Smith	Case number (if known)
22.	Security deposits and prepayments Your share of all unused deposits you have made so that you m Examples: Agreements with landlords, prepaid rent, public utilitic companies, or others	
	☑ No	
	YesInstitution name	** **
23.	Annuities (A contract for a specific periodic payment of money No	to you, either for life or for a number of years)
	∇ No Suer name and description:	
24.	Interests in an education IRA, in an account in a qualified Al 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).	BLE program, or under a qualified state tuition program.
	No	protected. File the repeate of any intersects 14 U.S.C. \$ 524/a)
26	Yes	
25.	Trusts, equitable or future interests in property (other than a powers exercisable for your benefit	nyuning listed in line 1), and rights or
	✓ No ✓ Yes. Give specific information about them	
26.	Patents, copyrights, trademarks, trade secrets, and other in Examples: Internet domain names, websites, proceeds from roy	
	✓ No ✓ Yes. Give specific information about them	
27.	Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative as: ▼ No ▼ Yes. Give specific information about them	sociation holdings, liquor licenses, professional licenses
Mor	ney or property owed to you?	Current value of the portion you own? Do not deduct secured claims or exemptions:
28.	Tax refunds owed to you	
	⊠ . No	
	Yes. Give specific information	Federal:
	about them, including whether you already filed the returns	State:
	and the tax years	Local:
29.	Family support Examples: Past due or lump sum alimony, spousal support, chi	d support, maintenance, divorce settlement, property settlement
	☑ No	•••
	Yes. Give specific information	Alimony:
		Maintenance:
		Support:
		Divorce settlement:
		Property settlement:

Official Form 106A/B

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Deb	tor 1 Donna Patricia Smith	Case number (if known)	
30.	Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability compensation, Social Security benefits; unpaid loans		
	✓ No Yes. Give specific information	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
31.	Interests in insurance policies Examples: Health, disability, or life insurance; health savings ac	ccount (HSA); credit, homeowner's, or renter's ins	surance
	No Yes. Name the insurance company of each policy and list its value Company name:	Beneficiary:	Surrender or refund value:
32.	Any interest in property that is due you from someone who if you are the beneficiary of a living trust, expect proceeds from entitled to receive property because someone has died	has died	
	✓ No☐ Yes. Give specific information		
33.	Claims against third parties, whether or not you have filed a Examples: Accidents, employment disputes, insurance claims,		
	✓ No ☐ Yes. Describe each claim		
34.	Other contingent and unliquidated claims of every nature, in rights to set off claims	cluding counterclaims of the debtor and	
	No Yes. Describe each claim		
35.	Any financial assets you did not already list		
	✓ No✓ Yes. Give specific information		
36.	Add the dollar value of all of your entries from Part 4, include attached for Part 4. Write that number here		\$507.00
Pa	nrt 5: Describe Any Business-Related Property Yo	ou Own or Have an Interest In. List a	ny real estate in Part 1.
37.	Do you own or have any legal or equitable interest in any bu	siness-related property?	
	✓ No. Go to Part 6. ✓ Yes. Go to line 38.		
20	Accounts are simple and are simple a		Current value of the portion you own? Do not deduct secured claims or exemptions.
36.	Accounts receivable or commissions you already earned		
	Yes. Describe		
39.	Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, prindesks, chairs, electronic devices	nters, copiers, fax machines, rugs, telephones,	
	✓ No Yes. Describe		

Official Form 106A/B

Deb	tor 1	Donna Patricia Smith	Case number (if known)	-, - -
40.	Machir	ery, fixtures, equipment, supplies you use in business, and tools of yo	ur trad e	
	☑ No ☐ Yes	. Describe		
4 1.	Invento	ry		
	☑ No ☐ Yes	. Describe		
42.	Interes	s in partnerships or joint ventures		
	✓ No ☐ Yes	. Describe Name of entity:	% of ownership:	
43.	Custon	er lists, mailing lists, or other compilations		
	☑ No ☐ Yes	. Do your lists include personally identifiable information (as defined in the line of the	n 11 U.S.C. § 101(41A))?	
44.	Any bu	siness-related property you did not already list		
	Mo ☐ Yes	. Give specific information.		
45.		dollar value of all of your entries from Part 5, including any entries for dollar value of all of your entries from Part 5. Write that number here		\$0.00
	1 . 7	Describe Any Farm- and Commercial Fishing-Related Pro if you own or have an interest in farmland, list it in Part 1.	· · · · · · · · · · · · · · · · · · ·	n Interest in.
46.		own or have any legal or equitable interest in any farm- or commercial	risning-related property?	
	-	Go to Part 7. Go to line 47.		
	_			Current value of the portion you own? Do not deduct secured claims or exemptions.
47.	Farm a	nimals es: Livestock, poultry, farm-raised fish		
	Mo No Yes			
48.	Crops-	either growing or harvested		
		. Give specific		
49.	Farm a	nd fishing equipment, implements, machinery, fixtures, and tools of tra	ide	
	☑ No ☐ Yes			
50.	Farm a	nd fishing supplies, chemicals, and feed		
	☑ No ☐ Yes	 .		

Deb	tor 1 Donna Patricia Smith	Case nu	imber (if known)		
51.	Any farm- and commercial fishing-related property you did no	ot already list			
	✓ No Yes. Give specific information				
52.	Add the dollar value of all of your entries from Part 6, including attached for Part 6. Write that number here				\$0.00
P	art 7: Describe All Property You Own or Have an I	nterest in That You [Did Not List Abov	e	
53.	Do you have other property of any kind you did not already lis Examples: Season tickets, country club membership	st?			
	NoYes. Give specific information.				
54.	Add the dollar value of all of your entries from Part 7. Write the	nat number here	ə	<u></u>	\$0.00
P	art 8. List the Totals of Each Part of this Form				
55.	Part 1: Total real estate, line 2	***************************************			\$0.00
56.	Part 2: Total vehicles, line 5	\$34,075.00			
57 .	Part 3: Total personal and household items, line 15	\$4,300.00			
58.	Part 4: Total financial assets, line 36	<u>\$507.00</u>			
59.	Part 5: Total business-related property, line 45	\$0.00	•		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00			
61.	Part 7: Total other property not listed, line 54	+ \$0.00			
62.	Total personal property. Add lines 56 through 61	\$38,882.00	Copy personal property total	+	\$38,882.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62		·		\$38,882.00

Official Form 106A/B Schedule A/B: Property page 7

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formation to ide	ntify your case:	Page 24 of 71
Donna First Name	Patricia	Smith Last Name
First Name	Middle Name	Last Name
Bankruptcy Court fo	r the: Northern District of G	eorgia
		<u> </u>
	Donna First Name	First Name Middle Name

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1,	You are cla	xemptions are you claiming? iming state and federal nonbani iming federal exemptions. 11 U	kruptcy exemptions. 11 (
2.	For any proper	ty you list on Schedule A/B t	hat you claim as exemp	ot, fill in the information below.	
		on of the property and line on that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B	Check only one box for each exemption.	
	Brief description:	2016 Toyota Camry	\$ <u>20,325.00</u>	2/s 5,000	CAA 141-12 111
	Line from Schedule A/B:	3.1		☐ 100% of fair market value, up to any applicable statutory limit	GC#44-13-100
	Brief description:	2013 Ford F-150	<u>\$ 13,750.00</u>	¥ 5,000	~ ~ A 11 12
	Line from Schedule A/B:	32		☐ 100% of fair market value, up to any applicable statutory limit	GCA44-13-10
	Brief description:	Household goods	\$ <u>3,000.00</u>	√s 3000	010 H 12 - 120
	Line from Schedule A/B:	6		☐ 100% of fair market value, up to any applicable statutory limit	GCA44-13-100

☐ No

Debtor 1

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Part 2:

Additional Page

Brief description Schedule A	on of the property and line /B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:	Electronics	\$1,000.00	☐\$ 1000.00 ☐ 100% of fair market value, up to	GC 1010-12-100
Line from Schedule A/B:			any applicable statutory limit	QUATE 15 100
Brief description:	Clothing	\$200.00	☐ \$	GCA14-12-100
Line from Schedüle A/B:	11		any applicable statutory limit	<u> </u>
Brief description:	Jeweiry	\$ 100.00	☑s /00 · 00 ☐ 100% of fair market value, up to	GCA44-13-100
Line from Schedule A/B:	12		any applicable statutory limit	<u>BU191 13</u>
Brief description:	Checking - BofA	\$2.00	¥\$ 2.00	00000
Line from Schedule A/B:	<u>17.1</u>		☐ 100% of fair market value, up to any applicable statutory limit	GCA44-13-100
Brief description:	Checking - W.F.	\$400.00	Us 400.00	001.W 12-100
Line from Schedule A/B:	<u>17.2</u>		☐ 100% of fair market value, up to any applicable statutory limit	GCA44-13-100
Brief description:	Checking - Navy Fe	\$100.00	25 100.00	001111-12-100
Line from Schedule A/B:	<u>17.3</u>		☐ 100% of fair market value, up to any applicable statutory limit	GCA 44-13-100
Brief description:	Savings - Navy Fed.	\$5.00	Us 500	00/10/1
Line from Schedule A/B:	<u>17.4</u>		☐ 100% of fair market value, up to any applicable statutory limit	GCH44-13-102
Brief description:		\$	- \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	 \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$		
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$		
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	-
Brief		S	□ s	
description: Line from Schedule A/B:		*	100% of fair market value, up to any applicable statutory limit	· .

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			Page 26 (of 71		
Fill in this inf	ormation to i	dentify your case		•		
Debtor 1	Donna	Patricia	Smith			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court fo	r the: NORTHERN D	ISTRICT OF GEO	RGIA		
Case number (if known)					☐ Check if this i	s an
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<u> </u>		amended filin	9
Official Form	106D					
		Who Have Cla	ime Secured	hy Property		12/15
Schedule D.	Cieditors	WIIO Have Cla	iiiis Secured	by Flopelty		12/15
correct information On the top of any a 1. Do any credit No. Chec Yes. Fill Part 1: List 2. List all secure claim, list the correditor has a	on. If more space additional pages fors have claims on all of the information of the info	e is needed, copy the s, write your name an secured by your proubmit this form to the conation below. Claims reditor has more than constitution of the constitution	Additional Page, filed case number (if keeperty? court with your other cone secured one than one in Part 2. As	Schedules. You have not Column A Amount of claim Do not deduct the value of collateral	es, and attach it to thi hing else to report on the Column B Value of collateral that supports this claim	S form. is form. Column: C Unsecured Portion If any
2.1		secures the		\$26,014.00	\$20,325.00	\$5,689.00
Ally Financial Creditor's name		2016 Toyot	a Camry (approx.			
PO Box 380901		40000 miles				
Number Street		·				
Minneapolis City Who owes the deb Debtor 1 only Debtor 2 only Debtor 1 and D At least one of the community	ebtor 2 only the debtors and a laim relates	Continge Unliquida Disputed Nature of lie An agree Statutory Judgmen	nt ated n. Check all that ap	h as mortgage or secured i, mechanic's lien)	l car loan)	
Date debt was inci	urred <u>10/28/2</u>	015 Last 4 digits	of account number	·		

Add the dollar value of your entries in Column A on this page. Write that number here:

\$26,014.00

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Debtor 1 Donna Patricia Smith		Case number (if known)				
Additional Page Part 1: After listing any entries on sequentially from the previous		Column A Amount of claim Do not deduct the value of collateral	Column B: Value of collateral that supports this claim	Column C Unsecured Portion If any		
Chase Creditor's name PO Box 36520 Number Street	Describe the property that secures the claim: 2013 Ford F-150 (approx. 117000 miles)	\$23,980.00	\$13,750.00	\$10,230.00		
Louisville KY 40233 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt	As of the date you file, the claim is Contingent Unliquidated Disputed Nature of lien. Check all that apply An agreement you made (such a Statutory lien (such as tax lien, rungular Judgment lien from a lawsuit Other (including a right to offset)	as mortgage or secured	car Ioan)			
Date debt was incurred 04/08/2016	Last 4 digits of account number					

Add the dollar value of your entries in Column A on this page. Write that number here:

\$23,980.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$49,994.00

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Fill in this info	ormation to ide	ntify your case			
Debtor 1	Donna	<u>Patricia</u>	Smith]	
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
(opouse, it ming)	1 II SE I SAITE	Middle Hairle	Edocitatio		
United States Bar	nkruptcy Court for th	e: <u>NORTHERN D</u>	ISTRICT OF GEORGIA		
Case number (if known)					Check if this is an amended filing
Official Form Schedule E/		Who Have U	nsecured Claims		12/15
claims. List the of on Schedule A/B: Do not include any if more space is no	ther party to any ex Property (Official F y creditors with pa eeded, copy the Pa	cecutory contracts Form 106A/B) and c rtially secured clai irt you need, fill it c	-	ld result in a claim. A entracts and Unexpired e D: Creditors Who Ho boxes on the left. Att	lso list executory contracts of Leases (Official Form 106G). Id Claims Secured by Property.
Part 1: Lis	t All of Your PR	IORITY Unsecu	red Claims		
1. Do any credit	ors have priority u	nsecured claims a	gainst you?		
☑ No. Go t	o Part 2.				
☐ Yes.					

List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet

tion booklet.		
Total claim	Priority amount	Nonpriority amount

Debtor 1 De	onna Patricia Smith	Case number (if known)	
Part 2:	List All of Your NONPRIORI	TY Unsecured Claims	
No. Yes 4. List all of If a credito type of cla	your nonpriority unsecured claims or has more than one nonpriority unse im it is. Do not list claims already inc	d claims against you? t. Submit this form to the court with your other schedules. s in the alphabetical order of the creditor who holds each claim. ecured claim, list the creditor separately for each claim. For each claim listed, ide cluded in Part 1. If more than one creditor holds a particular claim, list the other clusecured claims, fill out the Continuation Page of Part 2.	
4.1 American Ex		Last 4 digits of account number	Fotal claim \$ \$1,038.00
At least one	TX 75265 State ZIP Code the debt? Check one.	When was the debt incurred? 04/19/2015 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card	
Nonpriority Credito 3153 Sugarlo Number Stree Suite 116 Lawrenceville City Who incurred t Debtor 1 on Debtor 2 on Debtor 1 an At least one	et GA 30045 State ZIP Code the debt? Check one.	Last 4 digits of account number P A G A When was the debt incurred? 04/18/2017 As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify Insurance Premium	\$250.00

Debtor 1 Donna Patricia Smith	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.3		\$266.12
AT&T	Last 4 digits of account number	<u> </u>
Nonpriority Creditor's Name 208 S. Akard St.	When was the debt incurred? 12/12/2016	
Number Street	As of the date you file, the claim is: Check all that apply.	
	☐ Contingent ☐ Unliquidated	
	□ □ Disputed	
Dallas TX. 75202 City State ZIP Code	—	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
☑ Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt	✓ Other. Specify Cell Phone Service	
Is the claim subject to offset?	Cent Pilone Gervice	
☑ No		
Yes		
4.4		\$310.00
Bank of America	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred? 07/2016	
PO Box 25118 Number Street	As of the date you file, the claim is: Check all that apply	
	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Tampa FL 33633	Disputed	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Chigatians arising out of a generation paragraph of divorces	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify	
Is the claim subject to offset?	Overdrawn account	
☑ No		
Yes		
4.5		\$2.664.00
Capital One	Last 4 digits of account number 6 5 9 7	\$2,004.00
Nonpriority Creditor's Name	When was the debt incurred? 08/07/2008	
PO Box 30285 Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated	
Salt Lake City UT 84130	Disputed	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset? No		
Yes		

After itsting any entries on this page, number them sequentially from the provious page. 4.5 Capital One Normprofix Growing Name PO Box 30235 Salt Lake City UT 84130 Salt	Debtor 1 Donna Patricia Smith	Case number (if known)	<u> </u>
As Capital One Capital O	Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
Last 4 digits of account number 5 9 6 9		m sequentially from the	Total claim
Capital One	4.6		\$1 633 2A
When was the debt incurred? 07704/2007 As of the date you file, the claim is: Check all that apply. Contingent C	Capital One	Last 4 digits of account number 5 9 6 9	ψ1,055.24
As of the date you file, the claim is: Chock all that apply. Sait Lake City	Nonpriority Creditor's Name	-	
Salt Lake City UT 84130 City State Zilr Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 and Debtor 3 only Debtor 3 and Debtor 3 only Debtor 4 and Debtor 3 only Debtor 5 only Debtor 5 only Debtor 6 only Check if this claim is for a community debt is the claim subject to offset? Nonpriority Creditr's Name Nonpriority Creditr's Name Debtor 1 and Debtor 2 only Nonpriority Creditr's Name Debtor 1 only Nonpriority Creditr's Name Debtor 1 only Debtor 1 only Nonpriority Creditr's Name Nonpriority Creditr's Name Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 3 only Debtor 3 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 3 only Debtor 5 only Debtor 3 only Debtor 5 only Debtor 3 only Debtor 5 only Debtor 4 only Debtor 5 on			
Disputed Disputed			-
Salt Lake City UT 84130 City City Check one. Subset 2/IP Code			
Type of NONPRIORITY unsecured claim:	Salt Lake City UT 84130	Disputed	
Student oans Debtor 1 and Debtor 2 only Debtor 3 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor	City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Contingent Co		212	
Debtor 1 and Debtor 2 only	<u> </u>		
Check if this claim is for a community debt is the claim subject to offset?	부 등 Maria 4 and Barbara 6 and a		
Credit Card	At least one of the debtors and another		
Side A T Size	Check if this claim is for a community debt		
Size At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? Check one. Check	is the claim subject to offset?		
A.7 Citibank/The Home Depot	- 별		
Citibank/The Home Depot Last 4 digits of account number When was the debt incurred? O1/10/2010	☐ Yes		
Last 4 digits of account number When was the debt incurred? 01/10/2010	4.7		\$324.00
Nonprorty Creator's Name PO Box 650 Size Si	Citihank/The Home Denot	Last 4 digits of account number	4024.00
Number Street Contingent C	Nonpriority Creditor's Name	-	
Contingent Con			
Sioux Falls Sioux			
Sioux Falls SD 57117 City State Zip Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 3 and Debtor 2 only □ Debtor 4 and Debtor 2 only □ Debtor 5 offset? □ Check if this claim is for a community debt is the claim subject to offset? □ No □ Yes □ State Zip Code Number Street □ Check one. □ Debtor 1 and Debtor 2 only □ Debtor 2 only □ Debtor 2 only □ Debtor 3 only □ Debtor 3 only □ Debtor 3 only □ Debtor 3 only □ Debtor 4 only □ Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 3 only □ Debtor 4 onlogical Debtor 2 only □ Debtor 3 onlogical Debtor 4 onlogical Debtor 5 onlogical De			
Type of NONPRIORITY unsecured claim: State ZIP Code Check one. Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Debtor 1 and Debtor 2 only No Yes	Sioux Falls SD 57117	Disputed	
Who incurred the debt? Check one. ☑ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 3 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt is the claim subject to offset? ☑ No ☐ Yes □ Nonpriority Creditor's Name PO Box 6500 Number Street □ State ZIP Code Who incurred the debt? Check one. ☑ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 3 only □ Debtor 3 only □ Debtor 4 and Debtor 2 only □ Debtor 5 only □ Debtor 5 only □ Debtor 6 only □ Debtor 1 only □ Debtor 1 only □ Debtor 1 only □ Debtor 1 and Debtor 2 only □ Check if this claim is for a community debt is the claim subject to offset? ☑ No ☐ Check if this claim is for a community debt is the claim subject to offset? ☑ No ☐		Type of NONPRIORITY unsecured claim:	
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes Last 4 digits of account number Nonpriority Creditor's Name PO Box 6500 Number Street Sicux Falls SD 57117 City Slate ZiP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 4 and Debtor 2 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 of the debtor 8 and another Check if this claim is for a community debt is the claim subject to offset? No No Credit Card \$570.00 \$	→ ¬ 14. 4 1		
Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes 4.8 4.8 4.8 4.8 4.8 4.8 4.8 4.	- · · · · · · · · · · · · · · · · · · ·		
Citibank/The Home Depot Nonpriority Creditor's Name PO Box 6500 Number Street Sioux Falls Sioux Falls Slate ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Check if this claim is for a community debt Is the claim subject to offset? Check if this claim is for a community debt Is the claim subject to offset? Check if this claim is for a community debt Is the claim subject to offset? Check if this claim is for a community debt Is the claim subject to offset? Check if this claim is for a community debt Is the claim subject to offset? Check if this claim is for a community debt Is the claim subject to offset? Check if this claim is for a community debt Is the claim subject to offset? Check if this claim is for a community debt Is the claim subject to offset?	-		
Check if this claim is for a community debt is the claim subject to offset? No Yes 4.8 Strong Citibank/The Home Depot Nonpriority Creditor's Name PO Box 6500 Number Street Sioux Falls SD 57117 City Debtor 1 only Debtor 2 only At least one of the debtors and another At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No No No No Street Check if this claim is for a community debt is the claim subject to offset? Credit Card Strong Stro	At least one of the debtors and another		
No Yes State ZIP Code Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt State Claim subject to offset? No State Claim subject to offset? State Claim subject to offset? State S	Check if this claim is for a community debt		
\$570.00 Citibank/The Home Depot Nonpriority Creditor's Name PO Box 6500 Number Street Sioux Falls SD 57117 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Ass of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Credit Card	is the claim subject to offset?		
Last 4 digits of account number			
Citibank/The Home Depot Last 4 digits of account number When was the debt incurred? 05/06/2013 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Sioux Falls SD 57117 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Vhen was the debt incurred? 05/06/2013 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card	☐ Yes		
Citibank/The Home Depot Nonpriority Creditor's Name PO Box 6500 Number Street Sioux Falls Sioux Falls South Falls S	4.8		\$570.00
Nonpriority Creditor's Name PO Box 6500 Number Street Sioux Falls Sioux Falls State ZiP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? When was the debt incurred? O5/06/2013 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card	Citibank/The Home Depot	Last 4 digits of account number	4070.00
As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	Nonpriority Creditor's Name		
Sioux Falls Sioux Falls Slate ZiP Code Check one. ✓ Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? ✓ No Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card			
Sioux Falls Sioux Falls Sioux Falls State ZiP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card		<u> </u>	
Sioux Falls Siate Sip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Type of NONPRIORITY unsecured claim: Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card			
City State ZiP Code Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ No Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify ☐ Credit Card	Sioux Falls SD 57117	— □ Disputed	
Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ No	City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Obligations arising out or a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card		Student loans	
Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? In that you do not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card	·		
At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
☐ Check if this claim is for a community debt ☐ Credit Card Is the claim subject to offset? ☑ No	The state of the s		
☑ No	Check if this claim is for a community debt		
	Mo Yes		

Debtor 1 Donna Patricia Smith	Case number (if known)	
Part 2: / Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.9		4438
City of Buford	Last 4 digits of account number 7 5 0 5	<u>\$156.01</u>
Nonpriority Creditor's Name	Last 4 digits of account number 7 5 0 5 When was the debt incurred? 03/01/2017	
2300 Buford Hwy. Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Buford GA 30518	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
Check if this claim is for a community debt	Utilities	
is the claim subject to offset?		
☑ No □ Yes		
4.10		\$244.99
Neodicity Conditions Name	Last 4 digits of account number0161	
Nonpriority Creditor's Name 1701 JFK Boulevard	When was the debt incurred? 03/28/2017	
Number Street	As of the date you file, the claim is: Check all that apply.	
	☐ Contingent ☐ Unliquidated	
B1 11 11 11 11 11 11 11 11 11 11 11 11 1	Disputed	
Philadelphia PA 19103 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Cable Services	
Is the claim subject to offset?		
No Yes		
L les		
4.11		\$181.89
DeKalb Watershed Management	Last 4 digits of account number 6 4 2 9	
Nonpriority Creditor's Name 1580 Roadhaven Drive	When was the debt incurred? 08/09/2016	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ Disputed	
Stone Mountain GA 30083	-	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify	
Is the claim subject to offset?	Water Bill	
No		
Yes		

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Debtor 1 Donna Patricia Smith	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim.
4.12		\$98.00
First Premier Bank	Last 4 digits of account number 4 3 3 9	\$30.00
Nonpriority Creditor's Name	When was the debt incurred? 03/08/2007	
Number Street	As of the date you file, the claim is: Check all that apply.	
Nation Steet	_ Contingent	
	Unliquidated	
Sioux Falls SD 57104	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	☐ Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	☑ Other. Specify Credit Card	
Is the claim subject to offset?	Credit Card	
No No		
Yes		
4.13		
<u></u>		\$2,842.00
Georgia Student Finance Authority Nonpriority Creditor's Name	Last 4 digits of account number	
2082 E. Exchange Pl.	When was the debt incurred? 09/09/2014	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ ☐ Contingent ☐ Unliquidated	
	☐ Disputed	
Tucker GA 30084		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	_	
Is the claim subject to offset?		
☑ No □ Yes		
4.14		\$17.06
Gwinnett Emergency Specialists	Last 4 digits of account number 7 3 6 4	
Nonpriority Creditor's Name	When was the debt incurred? 11/10/2016	
500 Medical Center Blvd., Suite 135, Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Lawrenceville GA 30046	─	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt	☑ Other: Specify Medical	
Is the claim subject to offset?	··· · · · · · · · · · · · · · · · · ·	
M No		
☐ Yes		

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Debtor 1 Donna Patricia Smith	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.15		\$434.00
Gwinnett Emergency Specialists	Last 4 digits of account number 8 0 2 6	<u> </u>
Nonpriority Creditor's Name 500 Medical Center Blvd., Suite 135,	When was the debt incurred? 11/01/2016	
Number Street	As of the date you file, the claim is: Check all that apply.	
	☐ Contingent ☐ Unliquidated	
	Disputed	
Lawrenceville GA 30046 City State ZIP Code		
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt Is the claim subject to offset?	Medica!	
No No		
Yes		
4.16		\$56.32
Gwinnett Hospital	Last 4 digits of account number 1 7 8 0	430,32
Nonpriority Creditor's Name	When was the debt incurred? 11/01/2016	
1000 Medical Center Blvd. Number Street	As of the date you file, the claim is: Check all that apply.	
	□ Contingent □ Unliquidated	
	Disputed	
Lawrenceville GA 30046 City State ZIP Code		
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
Check if this claim is for a community debt Is the claim subject to offset?	Medical	
✓ No		
Yes		
4.17		\$140.00
Gwinnett Medical Group	Last 4 digits of account number 5 6 3 0	
Nonpriority Creditor's Name PO Box 102807	When was the debt incurred? 11/15/2016	
Number Street	As of the date you file, the claim is: Check all that apply.	
Atlanta GA 30368	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	☐ Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify	
Is the claim subject to offset?	Medical	
☑ No		
□ Yes		

Debtor 1 Donna Patricia Smith		
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	em sequentially from the	Total claim
4.18		\$144.00
Gwinnett Medical Group	Last 4 digits of account number 5 6 3 0	Ψ177.00.
Nonpriority Creditor's Name	When was the debt incurred? 09/2016	
PO Box 102807 Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
<u> </u>	☐ Unliquidated ☐ Disputed	
Atlanta GA 30368		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
Check if this claim is for a community debt	Medical	
Is the claim subject to offset? ☑ No		
☑ No ☐ Yes		
4.19		\$203.00
Jackson EMC	Last 4 digits of account number 8 9 2 0	
Nonpriority Creditor's Name 825 Buford Dr NE	When was the debt incurred? 04/11/2017	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent Unliquidated	
	— ☐ Disputed	
City State ZIP Code	—	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
✓ Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	✓ Other. Specify Utilities	
Is the claim subject to offset?	Ounties	
₽ No		
Yes		
4.20		#44 000 00
Kelburn Lawrence	Last 4 digits of account number	\$14,000.00
Nonpriority Creditor's Name	When was the debt incurred? 01/2015	
3767 N. Decatur Rd. Number Street	As of the date you file, the claim is: Check all that apply.	
Apt. G	_ ☐ Contingent	
· 	Ünliquidated	
Decatur GA 30032	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Personal Loan	
Is the claim subject to offset?		
No Yes		

Debtor 1 Donna Patricia Smith	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.21		\$2,925.00
Navient	Last 4 digits of account number	
Nonpriority Creditor's Name P.O. Box 9555	When was the debt incurred? 01/02/2001	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Disputed	
Wilkes Barre PA 18773 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	-	
ls the claim subject to offset? √/ No		
☑ No ☐ Yes		
4.22		\$5,576.00
Navient Nonpriority Creditor's Name	Last 4 digits of account number	
P.O. Box 9555	When was the debt incurred? 01/18/2001 As of the date you file, the claim is: Check all that apply.	
Number Street	_ Contingent	
	Unliquidated	
Wilkes Barre PA 18773	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	✓ Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	•
Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify	
Is the claim subject to offset?		
☑ No		
Yes		
4.23		\$2,925.00
Navient	Last 4 digits of account number	
Nonpriority Creditor's Name P.O. Box 9555	When was the debt incurred? 08/29/2001	
Number Street	As of the date you file, the claim is: Check all that apply.	
· · · · · · · · · · · · · · · · · · ·	☐ Contingent ☐ Unliquidated	
Visiting Paris	Disputed	
Wilkes Barre PA 18773 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	_	
Is the claim subject to offset? No		
▼ No		

Debtor 1 Donna Patricia Smith	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	<u></u>
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.24		\$2,791.00
Navient	Last 4 digits of account number	
Nonpriority Creditor's Name P.O. Box 9555	When was the debt incurred? 10/14/2003	
Number Street	As of the date you file, the claim is: Check all that apply.	
	☐ Contingent ☐ Unliquidated	•
	Disputed	•
Wilkes Barre PA 18773 City State ZIP Code	—	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
☑ Debtor 1 only	✓ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify	
Is the claim subject to offset?		
☑ No		
Yes		
4.25		\$4,029.00
Navient	Last 4 digits of account number	34,029.00
Nonpriority Creditor's Name	When was the debt incurred? 08/29/2001	
P.O. Box 9555 Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Wilkes Barre PA 18773	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	✓ Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt		
Is the claim subject to offset? √ No		
Yes		
4.26		
4.26	L A A 41-16 P	\$3,059.00
Navient Nonpriority Creditor's Name	Last 4 digits of account number	
P.O. Box 9555	When was the debt incurred? 10/14/2003	
Number Street	As of the date you file, the claim is: Check all that apply. [Contingent	
	Unliquidated	
Wilkes Barre PA 18773	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	☑ Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt		
Is the claim subject to offset?		
☑ No ☐ Yes		

Debtor 1 Donna Patricia Smith	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.27		\$4,278.00
Neinet	Last 4 digits of account number	Ψ+,27 0.00
Nonpriority Creditor's Name	When was the debt incurred? 09/09/2015	
121 S. 13th St. Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Lincoln NE 68508		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	•
Debtor 1 only		
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
	Other. Specify	
Is the claim subject to offset?		
No No		
Yes		
4.28		00.024.00
Neinet	Last 4 digits of account number	\$2,254.00
Nonpriority Creditor's Name	When was the debt incurred? 08/26/2015	
121 S. 13th St. Number Street	As of the date you file, the claim is: Check all that apply.	
Names of the second sec	_ Contingent	
	Unliquidated	
Lincoln NE 68508	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
	Other. Specify	
Check if this claim is for a community debt Is the claim subject to offset?		
Mo		
Yes		
4.29		
<u></u>	Last A digits of passint number	\$3,095.00
Nonpriority Creditor's Name	Last 4 digits of account number When was the debt incurred? 08/26/2016	
121 S. 13th St. Number Street	When was the debt incurred? 08/26/2016 As of the date you file, the claim is: Check all that apply.	
Number Steet	Contingent	
	Unliquidated	
Lincoln NE 68508	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. ☐ Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt		
Is the claim subject to offset?		
☑ No □ Yes		

Debtor 1 Donna Patricia Smith	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.30		\$4,305.00
Neinet	Last 4 digits of account number	
Nonpriority Creditor's Name 121 S. 13th St.	When was the debt incurred? 09/23/2013	
Number Street	As of the date you file, the claim is: Check all that apply	
	_	
	Disputed	
Lincoln NE 68508 City State ZIP Code	Tune of MONDDIODITY uncessared eleitma	
Who incurred the debt? Check one. ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim: ☑ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another Check if this claim is for a community debt	Other. Specify	
Is the claim subject to offset? ☑ No		
Yes		
4.31		\$3,575.00
Neinet Nonpriority Creditor's Name	Last 4 digits of account number	
121 S. 13th St.	When was the debt incurred? 09/23/2013	
Number Street	As of the date you file, the claim is: Check all that apply. — Contingent	
	Unliquidated	
Lincoln NE 68508	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	☑ Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt is the claim subject to offset?		
No Yes		
4.32		\$2,339.00
NeInet Nonpriority Creditor's Name	Last 4 digits of account number	
121 S. 13th St.	When was the debt incurred? 09/09/2014	
Number Street	As of the date you file, the claim is: Check all that apply. — Contingent	
	Unliquidated	
Lincoln NE 68508	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. ☐ Debtor 1 only	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	_	
Is the claim subject to offset? ☑ No		
☑ No □ Yes		

Debtor 1 Donna Patricia Smith	Case питьег (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.33		\$4,488.00
Nelnet	Last 4 digits of account number	
Nonpriority Creditor's Name 121 S. 13th St.	When was the debt incurred? 09/09/2014	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ ☐ Contingent ☐ Unliquidated	
NE ACCO	Disputed	
Lincoln NE 68508 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt		
Is the claim subject to offset?		
☑ No ☐ Yes		
		
4.34		\$3,007.00
Neinet Nonpriority Creditor's Name	Last 4 digits of account number	
121 S. 13th St.	When was the debt incurred? 09/09/2015	
Number Street	As of the date you file, the claim is: Check all that apply. — Contingent	
	Unliquidated	
Lincoln NE 68508	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. ☑ Debtor 1 only	☑ Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another Check if this claim is for a community debt	Other. Specify	
Is the claim subject to offset?		
☑ No		
Yes		
4.35		\$2,404.07
OneMain	Last 4 digits of account number 9 2 6 4	
Nonpriority Creditor's Name PO Box 64	When was the debt incurred? 05/02/2016	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ ☐ Contingent ☐ Unliquidated	
· · · · · · · · · · · · · · · · · · ·	T Disputed	
Evansville IN 47701 City State ZIP Code	The AMANDOIODITY was a solution	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	✓ Other. Specify Loan	
Is the claim subject to offset?		
☑ No □ Yes		

Debtor 1 Donna Patricia Smith	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.36		_ \$29.00
Peachcare for Kids	Last 4 digits of account number 2 7 2 5	
Nonpriority Creditor's Name	When was the debt incurred? 04/10/2017	
426 West 12th St. Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated Disputed	
Alma GA 31510		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations grising out of a constration percompart or diverse	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Medical Insurance	
ls the claim subject to offset? ☑ No		
Yes		
4.37		\$0.00
Regions Bank Nonpriority Creditor's Name	Last 4 digits of account number	
1900 Fifth Avenue North	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply. Contingent	
	Unliquidated	
Birmingham AL 35203	Disputed	
Birmingham AL 35203 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Overdrawn account	
Is the claim subject to offset?		
☑ No ☐ Yes		
4.38		\$6,210.00
Republic Finance	Last 4 digits of account number 2 7 4 1	
Nonpriority Creditor's Name 860 Duluth Hwy.	When was the debt incurred? 08/03/2016	
Number Street	As of the date you file, the claim is: Check all that apply.	
Suite 1020	Contingent Unliquidated	
	Disputed	
Lawrenceville GA 30043 City State ZIP Code	Tuno of MONORIORITY - important of olders	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt		
Is the claim subject to offset?	-vai)	
☑ No		
Ti Yes		

Debtor 1 Donna Patricia Smith	Case number (if known)	
Part 2: Your NONPRIORITY Unsecur	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.39		\$56.38
Scana	Last 4 digits of account number 2 8 9 5	
Nonpriority Creditor's Name 3344 Peachtree Rd NE #2150	When was the debt incurred? 07/18/2016	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated Disputed	
Atlanta GA 30326 City State ZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Other. Specify Utilities	
Is the claim subject to offset?		
☑ №		
Yes		
4.40		\$300.00
Snapping Shoals EMC	Last 4 digits of account number	
Nonpriority Creditor's Name 14750 Brown Bridge Rd.	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_	
	Disputed	
Covington GA 30016 City State ZIP Code		
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
☐ Check if this claim is for a community debt	Utilities	
Is the claim subject to offset?		
☑ No □ Yes		
4.41		\$60,000.00
Social Security Administration Nonpriority Creditor's Name	Last 4 digits of account number	
1100 West High Rise	When was the debt incurred?	
Number Street 6401 Security Blvd.	As of the date you file, the claim is: Check all that apply.	
	Unliquidated	
Baltimore MD 21235	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
☑ Debtor 1 only ☐ Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Overpayment	
is the claim subject to offset?		
☑ No □ Yes		

Debtor 1 Donna Patricia Smith	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.42		\$1,456.1 <u>7</u>
Synchrony Bank/ Home Design Nonpriority Creditor's Name P.O. Box 105972 Number Street	Last 4 digits of account number 2 2 9 0 When was the debt incurred? 05/02/2016 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	
Atlanta GA 30342	Disputed	
City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card	
4.43		\$ 758.00
Synchrony Bank/Amazon	Last 4 digits of account number	4700.00
Nonpriority Creditor's Name P.O. Box 105972	When was the debt incurred? 09/13/2016	
Number Street Atlanta GA 30342	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	
City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card	

Debtor 1 Donn	a Patricia Smi	th	Case number (if known)
Part 3: List	Others to Be	Notified Ab	out a Debt That You Already Listed
For example, i creditor in Par debts that you	if a collection ag its 1 or 2, then i	gency is trying t ist the collectio 1 or 2, list the a	otified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. to collect from you for a debt you owe to someone else, list the original in agency here. Similarly, if you have more than one creditor for any of the dditional creditors here. If you do not have additional parties to be notified for bmit this page.
Convergent Outs	ourcing		On which entry in Part 1 or Part 2 did you list the original creditor?
_{Name} 219 Perimeter Ce	enter Parkway	NE	Line 4.10 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street Suite 200			Part 2: Creditors with Nonpriority Unsecured Claims
Atlanta City	GA State	30346 ZIP Code	Last 4 digits of account number 9 8 9 1
IC Systems			On which entry in Part 1 or Part 2 did you list the original creditor?
Name PO Box 64378			Line 4.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
Saint Paul	MN State	55164 ZIP Code	Last 4 digits of account number
Optimum Outcon Name 4524 Southlake L			On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.15 of (Check one): The Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
Birmingham City	AL State	35244 ZIP Code	Last 4 digits of account number
Sunrise Credit Se	ervices		On which entry in Part 1 or Part 2 did you list the original creditor?
Name P.O. Box 9100 Number Street			Line 4.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Farmingdale City	NY State	11735 ZIP Code	Last 4 digits of account number
US Department o	of Education		On which entry in Part 1 or Part 2 did you list the original creditor?
Name 446 James Robe Number Street	rtson Pkwy #2	:00	Line 4.34 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Washington City	DC State	20202 ZIP Code	Last 4 digits of account number
···,	0.00		

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Debtor 1	Donna Patricia Smi	th	Case number (if known)		
Part 3: List Others to Be Notified A			bout a Debt That You Already Listed Continuation Page		
	ment of Education		On which entry in Part 1 or Part 2 did you list the original creditor?		
Name 446 James	Robertson Pkwy #2	200	Line 4.26 of (Check one): Part 1: Creditor's with Priority Unsecured Claims		
Number 5	Street		Part 2: Creditors with Nonpriority Unsecured Claims		
		20000	Last 4 digits of account number		
Washingto City	on DC State	ZIP Code			
	ment of Education		On which entry in Part 1 or Part 2 did you list the original creditor?		
Name 446 James	Robertson Pkwy #2	200	Line 4.13 of (Check one): The Part 1: Creditors with Priority Unsecured Claims		
	Street		Part 2: Creditors with Nonpriority Unsecured Claims		
			Last 4 digits of account number		
<u>Washingto</u>		20202			
City	State	ZIP Code			

Deptor 1 De	оппа	Patricia Smith Cas	Case number (if known)			
Part 4:	Add t	he Amounts for Each Type of Unsecured Claim				
		ts of certain types of unsecured claims. This information is for sta Add the amounts for each type of unsecured claim.	atistical reporting	purposes only.		
			To	otal claim		
Total claims from Part 1	6a.	Domestic support obligations	6a	\$0.00		
	6b.	Taxes and certain other debts you owe the government	6b	\$0.00		
	6c.	Claims for death or personal injury while you were intoxicated	6c	\$0.00		
	6d.	Other. Add all other priority unsecured claims. Write that amount he	ere. 6d. +	\$0.00		
	6e.	Total. Add lines 6a through 6d.	6d,	\$0.00		
			To	otal claim		
Total claims from Part 2	6f.	Student loans	6f	\$51,488.00		
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g	\$0.00		
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h	\$0.00		
	6 <u>i</u> .	Other. Add all other nonpriority unsecured claims. Write that amount	nt here. 6i. 🛖	\$93,944.25		

6j. Total. Add lines 6f through 6i.

\$145,432.25

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Debtor 1	Donna	dentify your case	Smith		
	First Name	Middle Name	Last Name	—	
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court fo	or the: NORTHERN D	ISTRICT OF GEORGIA	<u>. </u>	
Case number (if known)					Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (If known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

 Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease
 is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of
 executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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				i age 40 oi	11
Fill in	this inf	ormation to i	dentify your case		
Debtor	1	Donna	Patricia	Smith	
		First Name	Middle Name	Last Name	
Debtor					<u></u>
(Spous	e, if filing)	First Name	Middle Name	Last Name	
United	States Ba	nkruptcy Court fo	or the: NORTHERN D	ISTRICT OF GEOR	<u>GIA</u>
Case n (if knov	-				☐ Check if this is an
(ii lalo)					amended filing
<u>Officia</u>	l Form	<u>106H</u>			
Sche	dule H	: Your Cod	ebtors		12/1
	-			• •	nave. Be as complete and accurate as possible. If plying correct information. If more space is
					exes on the left. Attach the Additional Page to this
page. O	n the top	of any Addition	al Pages, write your n	ame and case numbe	r (if known). Answer every question.
		any codebtors?	(If you are filing a join	int case, do not list eith	ner spouse as a codebtor.)
	No Yes				
\square					
					territory? (Community property states and territories Rico, Texas, Washington, and Wisconsin.)
	No. Go t	o line 3.			
		l your spouse, for	rmer spouse, or legal e	quivalent live with you	at the time?
	□ No				
3. lii C	Yes		adebtore. Do not incl	udo vour enqueo se s	a codebtor if your spouse is filing with you. List the
	-	-			antor or cosigner. Make sure you have listed the
cre	ditor on S	chedule D (Offic	cial Form 106D), <i>Sch</i> e	dule E/F (Official For	m 106E/F), or Schedule G (Official Form 106G). Use
Sch	edule D,	Schedule E/F, o	r Schedule G to fill ou	rt Column 2.	
(Column 1:	Your codebtor			Column 2: The creditor to whom you owe the debt
					Check all schedules that apply:
	e. 11				
	Vame	Lawrence			Schedule D, line 2.2
	3767 N. E	Decatur Rd. Street			Schedule E/F, line
	Apt. G	211 de i			Schedule G, line
_				20022	Chase
	Decatur Dity	· · · · · · · · · · · · · · · · · · ·	GA State	30032 ZIP Code	
22 1	(alhurn I	Lawrence			
	lame				Schedule D, line
	3767 N. D Number	Decatur Rd. Street		 .	Schedule E/F, line 4.1
	Apt. G				Schedule G, line
	Decatur		GA	30032	American Express
_	City	-	State	ZIP Code	

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	Fill in this inform	ation to identif	y your case:							
	Debtor 1	Donna	Patricia	Smith			_			
		First Name	Middle Name	Last Name			Che	ck if this is:		
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			$- \Box $	An amended filing		
l	United States Bankri	uptcy Court for the:	NORTHERN	DISTRICT OF G	EOF	RGIA		A supplement showing		
	Case number	-					_	chapter 13 income as o	of the fol	lowing date:
	(if known)	 						MM / DD / YYYY	_	
	fficial Form 10									
<u>S</u>	chedule I: You	ur Income								12/15
re: ind ab yo	sponsible for supply clude information ab out your spouse. If our name and case n	ing correct inform out your spouse. more space is nee umber (if known).	ation. If you are If you are separ ded, attach a se Answer every q	married and not ated and your spo parate sheet to th	filinç ouse	g jointly, a is not fill	and your s ing with y	Debtor 2), both are eq spouse is living with you, ou, do not include info any additional pages, v	ou, rmation	
		be Employmen		<u> </u>						
1.	Fill in your employ information.	yment		Debtor 1				Debtor 2 or non-filin	g spous	S O
	If you have more the job, attach a separa		yment status	☐ Employed				Employed		
	with information ab	out	•	✓ Not employed	ed			☐ Not employed		
	additional employe	rs. Occup	ation					<u> </u>		
	Include part-time, s or self-employed w		iyer's name					· · · · · · · · · · · · · · · · · · ·	····	
	Occupation may in student or homema applies.	#11.16.4	yer's address	Number Street				Number Street		
				City		State Z	Zip Code	City	State	Zìp Code
		Ham I		·				J,		
		How II	ong employed th	nere?				_		-
F	Part 2: Give D	etails About Mo	onthly Incom	e						
	stimate monthly inco			n. If you have noth	ing t	o report fo	or any line.	, write \$0 in the space.	Include	your
lf y	= '	spouse have more t	han one employe	er, combine the info	oma	tion for al	l employer	s for that person on the	lines be	low. If
						For Del	btor 1	For Debtor 2 or non-filing spouse	_	
2.		s wages, salary, a			2.		\$0.00			
3.	Estimate and list	monthly overtime	oay.		3.	+	\$0.00			
4.	Calculate gross in	ncome. Add line 2	+ line 3.		4.		\$0.00			

Official Form 106I Schedule I: Your Income page 1

Deb	otor 1 Donna Patricia Smith		Case nun	nber (if knowr	1)	
			For Debtor 1	For Debtor		
	Copy line 4 here	4.	\$0.00			
5.	List all payroll deductions:		-			
	5a. Tax, Medicare, and Social Security deductions	5a.	\$0.00			
	5b. Mandatory contributions for retirement plans	5b.	<u>\$0.00</u>			
	5c. Voluntary contributions for retirement plans	5c.	\$0.00		· · ·	
	5d. Required repayments of retirement fund loans	5d.	\$0.00			
	5e. Insurance	5e.	\$0.00			
	5f. Domestic support obligations	5f.	\$0.00			
	5g. Union dues	5g.	<u>\$0.00</u>			
	5h. Other deductions. Specify:	_ 5h. ⊣	\$0.00			
6.	Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6.	\$0.00			
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$0.00			
8.	List all other income regularly received:	_				
	8a. Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00			
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.					
	8b. Interest and dividends	8b.	\$0.00			
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00			
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.					
	8d. Unemployment compensation	8d.	\$0.00			
	8e. Social Security	8e.	\$790.00			
	8f. Other government assistance that you regularly receive					
	Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.					
	Specify: Food Stamps	_ 8f.	\$130.00			
	8g. Pension or retirement income	- 8g.	\$0.00			
	8h. Other monthly income. Specify:	8h.				
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$920.00		-	
	- · · · · · · · · · · · · · · · · · · ·					
	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.		+ [\$920.00
11.	State all other regular contributions to the expenses that you list in S include contributions from an unmarried partner, members of your housel friends or relatives.	Schedu hold, ye	ile J. our dependents, you	r roommates,	and othe	r
	Do not include any amounts already included in lines 2-10 or amounts that	at are r	ot available to pay e	expenses liste	ed in Sche	edule J.
	Specify:				11. +	\$0.00
12.	Add the amount in the last column of line 10 to the amount in line 11. income. Write that amount on the Summary of Your Assets and Liabilities	The r	esult is the combine Certain Statistical Inf	d monthly formation,	12.	\$920.00
	if it applies.					Combined monthly income
13.	Do you expect an increase or decrease within the year after you file to	this fo	<u>m?</u>	_		
	✓ No. None.					

Official Form 106I

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				i age e	7 - 01 7 -	_			
E	ill in this inform	ation to identif	y your case:			Che	ck if this	is:	
	Debtor 1	Donna First Name	Patricia Middle Name	Smith Last Na			An ame	ended filing lement showing	postpetition
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Na	ıme	-	chapter followin	: 13 expenses as g date:	s of the
	United States Bankr	uptcy Court for the:	NORTHERN DIS	TRICT O	F GEORGIA		MM / DI	D/YYYY	_
	Case number		<u> </u>				IVIIVI 7 DI	D71111	
ــــــ	(if known) ficial Form 10	6 I		<u>-</u>		_			
	:hedule J: Yo		1						12/15
Be cor nar	as complete and ac rect information. If ne and case numbe	curate as possible more space is nee	e. If two married pe ded, attach anothe ver every question.		ing together, both a this form. On the top				
1.	art.1: Descri		loid	,					
2.	□ No	ebtor 2 live in a se	parate household? Official Form 106J-: No	2, Expense	s for Separate House	hold o	f Debtor	2.	
	Do not list Debtor	land 🗹	Yes. Fill out this info for each dependent.		Dependent's relati	onshi r 2	p to	Dependent's age	Does dependent live with you?
	Debtor 2.		·		Daughter			19	□ No - 🔽 Yes
	Do not state the de names.	ependents'							No Yes
									Yes No Yes No No No
3.	Do your expenses expenses of peop yourself and your	le other than	☑ No ☐ Yes			·			Yes
			ig Monthly Expe						
to r		of a date after the l			ire using this form a supplemental Sche				
			government assist Schedule I: Your In					Your expens	ses
4.			nses for your reside ny rent for the groun				4	1 .	
	If not included in	line 4:							
	4a. Real estate ta	ixes					4	ła,	
	4b. Property, hom	neowner's, or renter's	s insurance				4	łb	
	4c. Home mainte	nance, repair, and u	pkeep expenses				4	lc	
	4d. Homeowner's	association or cond	lominium dues				4	td	

Det	tor 1 Donna Patricia Smith	Case number (if known)	
		Your expenses	
5.	Additional mortgage payments for your residence, such as home equity loans	5.	
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a.	
	6b. Water, sewer, garbage collection	6b	
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c	\$120.00
	6d. Other. Specify:	6d.	
7.	Food and housekeeping supplies	7.	\$500.00
8.	Childcare and children's education costs	8. <u> </u>	
9,	Clothing, laundry, and dry cleaning	9.	\$100.00
1Ò.	Personal care products and services	10.	\$50.00
11.	Medical and dental expenses	11.	\$75.00
12,	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$200.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$50.00
14.	Charitable contributions and religious donations	14. <u> </u>	
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a	
	15b. Health insurance	15b.	
	15c. Vehicle insurance	15c	
	15d. Other insurance. Specify:	15d	
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:		
Ĭ7.	Installment or lease payments:		
	17a. Car payments for Vehicle 1 Ally Financial	17a	\$605.00
	17b. Car payments for Vehicle 2	1.7b.	
	17c. Other Specify:	17c	
	17d. Other. Specify:	17d	
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	
19.	Other payments you make to support others who do not live with you. Specify:	19.	

Deb	tor 1	Donna Patricia Smith	Case number (if known)		
		real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.	orm or an		
	20a,	Mortgages on other property	20a		
	20b.	Real estate taxes	20b		
	20c.	Property, homeowner's, or renter's insurance	20c.	·	
	20d.	Maintenance, repair, and upkeep expenses	20d		
	20e.	Homeowner's association or condominium dues	20e.		
21.	Other	Specify:	21. +		
22.	Calcu	ilate your monthly expenses.			
	22a.	Add lines 4 through 21.	22a	\$1,700.00	
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-	2. 22b		
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c	\$1,700.00	
23.	Calcu	late your monthly net income.			
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23 <u>a</u>	\$920.00	
	23b.	Copy your monthly expenses from line 22c above.	23b	\$1,700.00	
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c.	(\$780.00)	
24.	Do yo	où expect an increase or decrease in your expenses within the year after y	ou file this form?		
		cample, do you expect to finish paying for your car loan within the year or do yo ent to increase or decrease because of a modification to the terms of your mort			
	Ø	No			
		es. Explain here:	•		
		None.			
		1			

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			Page 54 of 71		
Fill in this inf	ormation to	dentify your case	· · · · · · · · · · · · · · · · · · ·		
Debtor 1	Donna	Patricia	Smith	7	
	First Name	Middle Name	Last Name	-	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	-	
United States Re	nkruntau Court fr	or the: NODTHEDN D	ISTRICT OF CEORGIA		
	initiapicy Count it	or the. INONTHERIND	ISTRICT OF GEORGIA	-	
Case number (if known)					Check if this is an amended filing
Official Form		for Individuals	s Filing Under Cha	nter 7	12/15
					1210
-	_	er chapter 7, you mus	t tili out this form it:		
		by your property, or	a a a a a a a a a a a a a a a a a a a		
		perty and the lease ha	•		
	hever is earlier,		ter you file your bankruptcy nds the time for cause. You	-	-
If two married peo Both debtors mus		= = = = = = = = = = = = = = = = = = = =	both are equally responsible	le for supplying correct.	information.
-	-	oossible. If more space and case number (if	e is needed, attach a sepan known).	ate sheet to this form. C	On the top of any
Part 1: Lis	t Your Credit	tors Who Hold Sec	cured Claims		
	itors that you lis	sted in Part 1 of Sched	lule D: Creditors Who Hold	Claims Secured by Prop	perty (Official Form 106D),
ldentify the c	reditor and the	property that is collate	eral What do you inte	end to do with the cures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name:	Ally Financi	al	Surrender the	e property. roperty and redeem it.	□ No □ Yes
Description of property securing debt	miles)	a Camry (approx. 40	Retain the po	roperty and enter into a in Agreement. roperty and [explain]:	_
Creditor's name:	Chase		Surrender th	e property. roperty and redeem it.	□ No □ Yes
Description of property securing debt:	miles)	-150 (approx. 11700	Retain the pi	roperty and enter into a in Agreement. roperty and [explain]:	_

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Debtor 1	Donna Patricia Smith		Case number (if known)
Part 2:	List Your Unexpired Person	al Property Leases	
fill in the i	nformation below. Do not list real esta	te leases. Unexpired lease	Recutory Contracts and Unexpired Leases (Official Form 106G), is are leases that are still in effect; the lease period has not ustee does not assume it. 11 U.S.C. § 365(p)(2).
Desci	ribe your unexpired personal property	leases	Will this lease be assumed?
None).		
Part 3:	Sign Below		
person	penalty of perjuny, declare that I have all property that is subject to an unexpi		out any property of my estate that secures a debt and
	07/19/2017 //M / DD / YYYY	Date MM / DD / Y	

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				Page 56 of 71		•
F	ill in this i	nformation to i	dentify your case			
D	ebtor 1	<u>Donna</u>	Patricla	Smith		
	-h4 0	First Name	Middle Name	Last Name		
	ebtor 2 Spouse, if filin	g) First Name	Middle Name	Last Name		
U	nited States E	Bankruptcy Court fo	or the: NORTHERN D	ISTRICT OF GEORGIA	_	
-	ase number				☐ Chéck	if this is an
(n	known)		· · · · · · · · · · · · · · · · · · ·			ed filing
<u>Of</u>	ficial For	m 106Sum				
Sι	ımmary (of Your Ass	ets and Liabilit	ties and Certain S	tatistical Information	12/15
cor sch	rect informa edules after	tion. Fill out all of	f your schedules first; inal forms, you must	then complete the inform	ner, both are equally responsible for nation on this form. If you are filing and check the box at the top of this	g amended
				· · · · · · ·		Your assets Value of what you own
1.		/B: Property (Offici	ŕ			***
	1a. Copy li	ine 55, Total real e	state, from Schedule A	/B		\$0.00
	1b. Copy li	ine 62, Total persor	nal property, from Sche	edule A/B		\$38,882.00
	1c. Copy li	ine 63, Total of all p	property on Schedule A	√B		\$38,882.00
P	art 2. S	ummarize You	ır Liabilities			
						Your liabilities Amount you owe
2.		-	•	Property (Official Form 10 f claim, at the bottom of the	6D) last page of Part 1 of Schedule D	\$49,994.00
3.				s (Official Form 106E/F) ured claims) from line 6e of	Schedule E/F	\$0.00
	3b. Copy t	he total claims fron	n Part 2 (nonpriority un	secured claims) from line 6	of Schedule E/F	+ \$145,432.25
					Your total liabilities	\$195,426.25
В	art 3: S	ummariza Vau	r Income and Exp	aeneec		
ΝĘ	3	unmanize i ou	i ilicome and Exp	7511369		
4.		Your Income (Officement)		Schedule I		\$920.00

Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J.....

\$1,700.00

Del	otor 1	Donna Patricia Smith Case	e number (if known)	
· P	art 4	Answer These Questions for Administrative and Statistical	Records	
6.	Are	you filing for bankruptcy under Chapters 7, 11, or 13?		
		No. You have nothing to report on this part of the form. Check this box and submit Yes	t this form to the court with your other schedu	iles.
7.	Wha	at kind of debt do you have?		
	À	Your debts are primarily consumer debts. Consumer debts are those "incurred family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical		
		Your debts are not primarily consumer debts. You have nothing to report on this this form to the court with your other schedules.	s part of the form. Check this box and subm	it
В.		m the Statement of Your Current Monthly Income: Copy your total current monthlicial Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	y income from	\$0.00
9.	Сор	by the following special categories of claims from Part 4, line 6 of Schedule E/F.	:	
			Total claim	
	Fro	m Part 4 on <i>Schedule E/F</i> , copy the following:		
	9a.	Domestic support obligations. (Copy line 6a.)	\$0.00	
	9b.	Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00	
	9c.	Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0,00	
	9d.	Student loans. (Copy line 6f.)	\$51,488.00	
	9e.	Obligations arising out of a separation agreement or divorce that you did not report priority claims. (Copy line 6g.)	as\$0.00	
	9f.	Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$0.00	

9g. Total. Add lines 9a through 9f.

\$51,488.00

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Fill in this info				
	ormation to i	dentify your case		
Debtor 1	Donna First Name	Patricia Middle Name	Smith Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court fo	r the: NORTHERN D	ISTRICT OF GEORGIA	
Case number (if known)	_			Check if this is an amended filing
Official Form	106Dec			<u>. </u>
Declaration .	About an I	ndividual Debt	or's Schedules	12/15
You must file this to	form whenever ty, or obtaining	you file bankruptcy so money or property by	chedules or amended sc	ying correct information. hedules. Making a false statement, h a bankruptcy case can result in fines up to 519, and 3571.
Sig	n Below			
Did you pay o		someone who is NOT	an attorney to help you f	fill out bankruptcy forms?
Did you pay o	or agree to pay s	someone who is NOT Charles M. Langevii		Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Fill in this info	ormation to iden	tify the case:	
Debtor 1	Donna First Name	Patricia Middle Name	Smith Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bar	nkruptcy Court for the	NORTHERN I	DISTRICT OF GEORGIA
Case number (if known)		C	

Official Form 119

Bankruptcy Petition Preparer's Notice, Declaration, and Signature

12/15

Bankruptcy petition preparers as defined in 11 U.S.C. § 110 must fill out this form every time they help prepare documents that are filed in the case. If more than one bankruptcy petition preparer helps with the documents, each must sign in Part 2. A bankruptcy petition preparer who does not comply with the provisions of title 11 of the United States Code and the Federal Rules of Bankruptcy Procedure may be fined, imprisoned, or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

Part 1:

Notice to Debtor

Bankruptcy petition preparers must give the debtor a copy of this form and have the debtor sign it before they prepare any documents for filing or accept any compensation. A signed copy of this form must be filed with any document prepared.

Bankruptcy petition preparers are not attorneys and may not practice law or give you legal advice, including the following:

- whether to file a petition under the Bankruptcy Code (11 U.S.C. § 101 et seq.);
- whether filing a case under chapter 7, 11, 12, or 13 is appropriate;
- whether your debts will be eliminated or discharged in a case under the Bankruptcy Code;
- whether you will be able to keep your home, car, or other property after filing a case under the Bankruptcy Code;
- what tax consequences may arise because a case is filed under the Bankruptcy Code;
- B whether any tax claims may be discharged;
- whether you may or should promise to repay debts to a creditor or enter into a reaffirmation agreement;
- how to characterize the nature of your interests in property or your debts; or
- what procedures and rights apply in a bankruptcy case.

	The bankruptcy petition preparer Charles M. La	angevin, Jr	has notified me o
	any maximum allowable fee before proparing any document for filin	g or accepting any fee.	
X i	Donna Patricia Smith, Debtor 1, acknowledging receipt of this notice	Date <u>07/19/2017</u> MM / DD / YYYY	
X	Signature of Debtor 2, acknowledging receipt of this notice	Date	

Official Form 119

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ebtor 1 Donna Patricia Smith	1		Cas	se nu	mber (if known)	
Part 2: Declaration and S	ignature	of the Bankrui	ptcy Petition Prepa	arer		
nder penalty of perjury, I declare to						
I am a bankruptcy petition preparer		cer principal respo	nsible person, or partne	r of a	hankruptcy petition pred	parer:
, , , , , , , , , , , , , , , , , , , ,		, ,	, , ,			,
I or my firm prepared the document Preparer as required by 11 U.S.C.				d the	Notice to Debtor by Bani	kruptcy Petition
If rules or guidelines are established				fee f	or services that bankrupt	cy petition
preparers may charge, I or my firm						
accepting any fee from the debtor.						
Charles M. Langevin, Jr.						
Printed name	Title,	if any	Firm name, if	it ap	plies	
5060 Memorial Drive			 _			
Number Street						
			<u> </u>			
Stone Mountain	_ GA	30083	<u>(678) 490-5</u>			
City	State	ZIP Code	Contact phon	ie		
or my firm prepared the document	s checked	below and the cor	npleted declaration is	made	a part of each docume	ent that I
reck:						
theck all that apply.)						
Voluntary Petition (Form 101)	\Box	Schedule I (Form 1	061)		Chapter 11 Statement of Income (Form 122B)	of Your Current Monthly
Statement About Your Social Seci	urity 🔽	Schedule J (Form	106J)		medine (Form 122b)	
Numbers (Form 121)	M	Declaration About	an Individual Debtor's		Chapter 13 Statement of	•
Summary of Your Assets and Liab	_	Schedules (Form 1			Income and Calculation	of Commitment Period
and Certain Statistical Information			,		(Form 122C-1)	
(Form 106Sum)	Ø	Statement of Finan	icial Affairs (Form 107)	П	Chapter 13 Calculation	of Your Disposable
Schedule A/B (Form 106A/B)	lacktriangle		tion for Individuals Filing	, –	Income (Form 122C-2)	
_		Under Chapter 7 (F	Form 108)	П	Application to Pay Filing	Fee in Installments
Schedule C (Form 106C)	₽7	Chapter 7 Stateme	nt of Your Current	ш	(Form 103A)	, , , , , , , , , , , , , , , , , , , ,
Schedule D (Form 106D)	ب	Monthly Income (F			<i>I</i>	
Schedule E/F (Form 106E/F)	_	Statement of Ever	ention from Description		Application to Have Cha Waived (Form 103B)	apter / Filing Fee
-	u	of Abuse Under § 7	nption from Presumption 707(b)(2)		•	
Schedule G (Form 106G)		(Form 122A-1Supp		abla	A list of names and add	
Schedule H (56rm 106H)	_	Objects - Phone -	tank Onlandaria		(creditor or mailing mate	TX)
		Chapter 7 Means T (Form 122A-2)	est Calculation	$\overline{\mathbf{A}}$	Other Pro-se affiday	∕it, Dec. Re Paystubs
		,				
ankruptcygetition prepalers must sig ocuprend to which this poclaration ar	n and give	e theif Social Securi	ty numbers. If more than	n one	bankruptcy petition prepared	parer prepared the
	9,0103, 1119	Signaturo en la Socia	in Security Humber of ea	icn pi	eparer musi de provided	. 110.3.0.9110.
1 W W M	///		<u>3</u> <u>7</u> <u>1</u> – <u>9</u>	_2	<u>- 3 0 7 0</u>	Date <u>07/19/2</u> 017
Signature of bankruptcy setition pro	eparer or c	officer, principal,	Social Security number	erof	person who signed	MM / DD / YYYY
responsible person, or partne						
Charles M. Langevin, Jr.						
Printed name						
				_	·	Date
Signature of bankruptcy petition pro	eparer or c	officer, principal,	Social Security number	er of	person who signed	MM/DD/YYYY
responsible person, or partner						
D.S. Cardina						

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B2800 (Form 2800) (12/15)

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF GEORGIA ATLANTA DIVISION

re Donna Patricia Smith	Case No.		
Debtor	Chapter	7	
DISCLOSURE OF COMPENSA [Must be filed with the petition if a bankru			
Under 11 U.S.C. § 110(h), I declare under penalty prepared or caused to be prepared one or more debankruptcy case, and that compensation paid to make the for services rendered on behalf of the as follows:	ocuments for filing by the ne within one year before	above-named debtor(s) in c	onnection with this etition, or agreed to be
For document preparation services, I have agreed	to accept	\$249.00	
Prior to the filing of this statement I have received.		\$249.00	
Balance Due		\$0.00	
I have prepared or caused to be prepared the following See Attached List on Official Form 119	wing documents (itemize):	
and provided the following services (itemize): Petition Preparation ONLY			
The source of the compensation paid to me was: Debtor Other (spe	cify)		
The source of compensation to be paid to me is:			
☑ Debtor ☐ Other (spec	cify)		
The foregoing is a complete statement of any agrefiled by the debtor(s) in this bankruptcy case.	ement or arrangement fo	r payment to me for prepara	tion of the petition
To my knowledge no other person has prepared for case except as listed below:	or compensation a docum	ent for filing in connection wi	ith this bankruptcy
NAME /		SOCIAL SECURITY NU	IMBER
I Man Julian	274	1 02 2070	07/40/2047
Signature		I-92-3070 ty number of bankruptcy irer*	07/19/2017 Date
Charles M. Langevin, Jr	5060 Memori	ial Drive	
Charles M. Langevin, Jr. Printed name and title, if any, of Bankruptcy Petition Preparer		ial Drive tain, GA 30083	

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

person or partner of the bankruptcy petition preparer. (Required by 11 U.S.C. § 110).

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F	ill in t	his inf	ormation to	identify your case			e box only as directed in this
<u></u>	ebtor 1		Donna	Patricia	Smith	form and	in Form 122A-1Supp:
			First Name	Middle Name	Last Name	1. There is	no presumption of abuse.
	ebtor 2 Spouse,		First Name	Middle Name	Last Name		ulation to determine if a presumption applies will be made under Chapter 7
Ιu	nited S	tates Bai	nkruptcy Court fe	or the: NORTHERN D	ISTRICT OF GEORGIA	Means T	est Calculation (Official Form 122A-2).
	áse nu						ins Test does not apply now because led military service but it could apply
	f known					later.	ed military service but it could apply
_		<u> </u>				Check if	this is an amended filing
<u>O</u> 1	ficial	Form	122A-1				
CI	napte	er 7 S	tatement c	of Your Current	Monthly Income		12/1
info are mil	ormatic exemp itary se	on applie oted from ervice, c	es. On the top on a presumption	of any additional pages n of abuse because yo	neet to this form. Include s, write your name and cas su do not have primarily co tion from Presumption of the second second	se number (if know onsumer debts or b	n). If you believe that you ecause of qualifying
P	art 1:	Cal	culate Your	Current Monthly I	ncome	., <u>.</u>	
1.	What	is your	marital and filir	ng status? Check one o	only.		
	7	Not mari	ried. Fill out Col	umn A, lines 2-11.			
		Married	and your spous	se is filing with you. F	ill out both Columns A and I	3, lines 2-11.	
		Married -	and your spous	se is NOT filing with yo	ou. You and your spouse	аге:	
	1	Livi	ng in the same	household and are no	t legally separated. Fill out	both Columns A an	d B, lines 2-11.
	i	deci	lare under penal	ty of perjury that you an	d your spouse are legally se	eparated under nonb	olumn B. By checking this box, you ankruptcy law that applies or that you quirements. 11 U.S.C. § 707(b)(7)(B).
	bank Augu "in the	ruptcy c st 31 lf result l	ase: 11 U.S.C. the amount of yo Do not include a	§ 101(10A) For examp our monthly income var ny income amount more	de if you are filing on Septe ed during the 6 months; add	mber 15, the 6-mon I the income for all 6 f both spouses own	months before you file this th period would be March 1 through months and divide the total by 6. Fill the same rental property, put their e space
						Column A Debtor:1	Column 8 Debtor 2 or non-filling spouse
2.			rages, salary, ti	ps, bonuses, overtime	, and commissions	\$0.00	
3.		ony and umn B is		ayments. Do not includ	de payments from a spouse	\$0.00	·
4.	exper regula your c	nses of y ar contrib depender use only	you or your der outions from an u nts, parents, and	l roommates. Include re		\$0.00	

Deb	otor 1	Donna Patricia Smith		 	(Case number (if k	known)	
						Golumn A Debter 1	Column B: Debtor 2 or non-filing spous	
5.	Net in	come from operating a busine	ess, profession, o	r farm		<u> </u>	The state of the s	antenu
			Debtor 1	Debtor 2				
	Gross deduct	receipts (before all tions)	\$0.00					
	Ordina	rry and necessary operating — ses	\$0.00		Сору			
		onthly income from a business, sion, or farm	\$0.00		here →	\$0.00		
6.	Net in	come from rental and other re	eal property					
			Debtor 1	Debtor 2				
	Gross deduct	receipts (before all tions)	\$0.00					
	Ordina expens	ry and necessary operating -	\$0.00	<u> </u>	Сору			
		onthly income from rental or eal property	\$0.00		here -	\$0.00		
7.	Interes	st, dividends, and royalties				\$0.00		
8.	Unem	ployment compensation				\$0.00	_ -	
		enter the amount if you content t under the Social Security Act.						
	For	· you	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$0.	00			
	For	your spouse			_			
9.		on or retirement income. Do not be be a security benefit under the Social Security.	•	ount received that	:	\$0.00		
10.	amour or payr or inter	e from all other sources not l' it. Do not include any benefits ments received as a victim of a mational or domestic terrorism. Ite page and put the total below	received under the war crime, a crime if necessary, list o	Social Security A against humanity	ct ′,			
								
	Total a	imounts from separate pages, i	f any.		+	·	+	
11.	Add lin	ate your total current monthly les 2 through 10 for each colun add the total for Column A to the	nn.	3.		\$0.00	+	= \$0.00
								Total current monthly income

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Deb	tor 1	Donna Patricia Smith		Case number (if known)	, <u></u>
P	art 2:	Determine Whether the Means T	est Applies to You		
12.	Calcu	ulate your current monthly income for the ye	ear. Follow these steps:		
	12a.	Copy your total current monthly income from	line 11	Copy line 11 here -> 12a.	\$0.00
		Multiply by 12 (the number of months in a year	ar).		X 12
	12b.	The result is your annual income for this part	of the form.	12b.	\$0.00
13.	Calcu	ulate the median family income that applies	to you. Follow these steps:		
	Fill in	the state in which you live.	Georgia		
	Fill in	the number of people in your household.	2		
	Fill in	the median family income for your state and s	ize of household		\$56,301.00
		d a list of applicable median income amounts, ctions for this form. This list may also be avai			
14.		do the lines compare?			
	14a.	Line 12b is less than or equal to line 13. Go to Part 3.	On the top of page 1, check to	oox 1, There is no presumption of abuse.	
	14b.	Line 12b is more than line 13. On the to Go to Part 3 and fill out Form 122A-2.	p of page 1, check box 2, The	presumption of abuse is determined by Fo	om 122A-2.
P	art 3.	Sign Below)		
	/ Bys	signing here, I declare under penalty of penalty	that the information on this sta	tement and in any attachments is true and	I correct.
1	\ *	onna tito	x	·	
	M	Sonna Patricia Smith, Debtor 1		ature of Debtor 2	<u>.</u>
	C	Date 7/19/2017	Date		
		MM / DD / YYYY	400.0	MM / DD / YYYY	

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

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UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF GEORGIA ATLANTA DIVISION

IN RE: Donna Patricia Smith

CASE NO

CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby	verifies that the attached list of creditors is true and correct to the best of his/her
knowledge.	
Date	Signature Donna Patricla Smith
Date	Signature

ALLY FINANCIAL PO BOX 380901 MINNEAPOLIS MN 55438

AMERICAN EXPRESS PO BOX 650448 DALLAS TX 75265

AMERICAN FAMILY INSURANCE 3153 SUGARLOAF PKWY SUITE 116 LAWRENCEVILLE GA 30045

AT&T 208 S AKARD ST DALLAS TX 75202

BANK OF AMERICA PO BOX 25118 TAMPA FL 33633

CAPITAL ONE PO BOX 30285 SALT LAKE CITY UT 84130

CHARLES M LANGEVIN JR 5060 MEMORIAL DRIVE STONE MOUNTAIN GA 30083

CHASE PO BOX 36520 LOUISVILLE KY 40233

CITIBANK/THE HOME DEPOT PO BOX 6500 SIOUX FALLS SD 57117 CITY OF BUFORD 2300 BUFORD HWY BUFORD GA 30518

COMCAST 1701 JFK BOULEVARD PHILADELPHIA PA 19103

CONVERGENT OUTSOURCING 219 PERIMETER CENTER PARKWAY NE SUITE 200 ATLANTA GA 30346

DEKALB WATERSHED MANAGEMENT 1580 ROADHAVEN DRIVE STONE MOUNTAIN GA 30083

FIRST PREMIER BANK 601 SOUTH MINNESOTA AVENUE SIOUX FALLS SD 57104

GEORGIA STUDENT FINANCE AUTHORITY 2082 E EXCHANGE PL TUCKER GA 30084

GWINNETT EMERGENCY SPECIALISTS 500 MEDICAL CENTER BLVD SUITE 135 LAWRENCEVILLE GA 30046

GWINNETT HOSPITAL 1000 MEDICAL CENTER BLVD LAWRENCEVILLE GA 30046

GWINNETT MEDICAL GROUP PO BOX 102807 ATLANTA GA 30368 IC SYSTEMS PO BOX 64378 SAINT PAÜL MN 55164

JACKSON EMC 825 BUFORD DR NE LAWRENCEVILLE GA 30043

KELBURN LAWRENCE 3767 N DECATUR RD APT G DECATUR GA 30032

NAVIENT PO BOX 9555 WILKES BARRE PA 18773

NELNET 121 S 13TH ST LINCOLN NE 68508

ONEMAIN PO BOX 64 EVANSVILLE IN 47701

OPTIMUM OUTCOMES 4524 SOUTHLAKE LN BIRMINGHAM AL 35244

PEACHCARE FOR KIDS 426 WEST 12TH ST ALMA GA 31510

REGIONS BANK 1900 FIFTH AVENUE NORTH BIRMINGHAM AL 35203 REPUBLIC FINANCE 860 DULUTH HWY SUITE 1020 LAWRENCEVILLE GA 30043

SCANA 3344 PEACHTREE RD NE #2150 ATLANTA GA 30326

SNAPPING SHOALS EMC 14750 BROWN BRIDGE RD COVINGTON GA 30016

SOCIAL SECURITY ADMINISTRATION 1100 WEST HIGH RISE 6401 SECURITY BLVD BALTIMORE MD 21235

SUNRISE CREDIT SERVICES PO BOX 9100 FARMINGDALE NY 11735

SYNCHRONY BANK/ HOME DESIGN PO BOX 105972 ATLANTA GA 30342

SYNCHRONY BANK/AMAZON PO BOX 105972 ATLANTA GA 30342

US DEPARTMENT OF EDUCATION 446 JAMES ROBERTSON PKWY #200 WASHINGTON DC 20202

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U. S. BANKRUPTCY COURT / NORTHERN DISTRICT OF GEORGIA / ATLANTA DIVISION RECEIPT #01241087 (OJ) OF 07/20/2017

ITEM CODE CASE QUANTITY AMOUNT BY

1 7IN 17-62638 1 \$ 0.00 Currency
Judge - unknown at time of receipt
Debtor - DONNA PATRICIA SMITH

TOTAL: \$ 0.00

FROM: Donna Patricia Smith P.O. Box 3573 Lilburn, GA 30048

Case Number: 17-62638 Palvarie Sin	ith Chapter: 7				
Please submit the following original documents to the Court for filing so that the stamped copy of the documents, please submit an extra copy along with a self-ade					
☑ Individual - Series 100 Forms	Non-Individual - Series 200 Forms				
MISSING DOCUMENTS DUE WITHIN 7 DAYS	Petition Deficiencies:				
☐ Complete List of Creditors (names and addresses of all creditors)	☐ Last 4 digits of SSN				
☐ Pro Se Affidavit (due within 7 days, signature must be notarized,	☐ Address ☐ County				
or witnessed by a Court Intake Clerk, accompanied by a picture I.D.)	☐ Type of Debtor				
☐ Signed Statement of SSN (due within 7 days)	☐ Chapter				
	☐ Nature of Debts				
MISSING DOCUMENTS DUE WITHIN 14 DAYS	☐ Statistical Estimates				
☐ Statement of Financial Affairs	☐ Venue				
□ Schedules: A/B C D E/F G H I J □ J-2 (different address for Debtor 2)	☐ Attorney Bar Number				
☐ Summary of Assets and Liabilities					
☐ Declaration About Debtor(s) Schedules	Case filed via:				
☐ Attorney Disclosure of Compensation	☑ Intake Counter by:				
☐ Petition Preparer's Notice, Declaration and Signature (Form 119)	☐ Attorney				
☐ Disclosure of Compensation of Petition Preparer (Form 2800)	☑ Debtor - verified ID				
☐ Chapter 13 Current Monthly Income	☐ Other - copy of ID: <u>(404) 200-3180</u>				
□ Chapter 7 Current Monthly Income					
☐ Chapter 11 Current Monthly Income	☐ Mailed by:				
☐ Certificate of Credit Counseling (Individuals only)	☐ Attorney				
☐ Pay Advices (Individuals only) (2 Months)	☐ Debtor				
☐ Chapter 13 Plan, complete with signatures (local form)	☐ Other:				
□ Corporate Resolution (Business Ch. 7 & 11)					
Ch.11 Business	History of Case Association				
☐ 20 Largest Unsecured Creditors					
☐ List of Equity Security Holders	Prior cases within 2 years: None.				
☐ Small Business - Balance Sheet					
☐ Small Business - Statement of Operations	Signature: Signature:				
☐ Small Business - Cash Flow Statement	Acknowledgment of receipt of eneck list				
☐ Small Business - Federal Tax Returns	Trouble Wiedgine in the cipt of check hist				
in Small Dusiness - I cuerar Tax Returns					
MISSING DOCUMENTS DUE WITHIN 30 DAYS					
☐ Statement of Intent – Ch. 7 (Individuals only)					
Official and Local Bankruptcy Forms are available on the Court's website at: www attorney, please read the information regarding Filing Bankruptcy without an Attowithout-attorney.					
FILING FEE INFORMATION - if the required filing fees are not paid in full at	the time of case filing, an Order will be forthcoming:				
□ Paid \$ 0.00 □ 2g-Order Granting □ 3g-Order Granting					
2d-Order Denying with filing fee of \$ due within 7 days					
	e Filing Fee.				
You may mail documents and filing fee payments (no personal checks accepted All fee payments and documents filed with the Court must show the count must show the coun	w the debtor's name and bankruptcy case number. smissal of your case.** CY COURT om 1340				
Intake Clerk: O. Jones, III Date: 7/20/17 Case	Opener: Date:				